DEPARTMENT OF CHEMISTRY	SEMESTER YR
CHEM 292_ / CHEM 490_ / CHEM 494_ CONTRACT (NOTE:	A contract must be completed each semester)
NAME STUDENT ID DEGREE PROGRAM YEAR IN SCHOOL USC GPA LOCAL ADDRESS	UNITS COMPLETED
CHEMISTRY CLASSES: 105a/107/115a105b/108/115b300325a COMPLETED: 430431432332L453465L_ NUMBER OF CHEM 292490494UNITS COMPLETED TO D (<i>Max 4 units CHEM 292 and Max 8 units CHEM 294 units </i>	DATE
PROPOSED FACULTY SUPERVISOR	
PROPOSED WEEKLY WORK SCHEDULE (DAYS AND HOURS YOU PLAN SUPERVISOR OF YOUR ACTIVITIES (FACULTY, POSTDOCTORAL OR GF	

I understand that I must take a course in laboratory safety offered by the USC Safety Office, and submit a photocopy of the Safety Certificate to the Department of Chemistry, before I will be allowed to begin laboratory work.

Student's Signature

Date _____

FACULTY SUPERVISOR AND DEPARTMENT AUTHORIZATION

I agree to supervise the student's proposed directed research project. In my opinion, the student is academically prepared and intellectually capable of carrying out the proposed work, which will be educationally beneficial.

Faculty Supervisor's Signature	Date
Department Chair	Date

One copy of this form will be retained by the Faculty Supervisor, a second by the student and a third by the Faculty Advisor. The Faculty Supervisor assumes responsibility for assigning a grade at the end of the semester.

Ver.3: 2020/10/10