

UNIVERSITY OF OREGON DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY

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CH 401 RESEARCH - Authorization Form

DATE _____

STUDENT NAME _____ UO ID# _____

UO EMAIL _____@uoregon.edu PHONE _____

Term: Fall Winter Spring Summer Year: _____

CRN: _____

Credit Hours: _____

Faculty Name (please print): _____

Faculty Signature: _____