## UNDERGRADUATE RESEARCH PROJECT FOR CREDIT

### Rensselaer Polytechnic Institute  
Office of the Registrar

110 8th St., Troy, NY 12180  
* 518-276-6231  
Submit via Registrar website under [Registrar Request](#)

This form is due to the Registrar’s Office no later than the end of the 2nd week of classes, the ADD deadline. Please make a copy for your records.

### PART 1 (STUDENT INFORMATION)

<table>
<thead>
<tr>
<th>Student Name Last, First, MI</th>
<th>Rensselaer ID Number</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Date:</th>
<th>Term/Year: (check one and indicate the year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ Fall       ❑ Spring       ❑ Summer       Circle the session: 1 2 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Email Address:</th>
<th>Phone:</th>
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</thead>
</table>

### PART 2 URP (UNDERGRADUATE RESEARCH PROGRAM)

<table>
<thead>
<tr>
<th>Subject Code ( e.g.) COMM, MATH :</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000 level (2941) 4000 level (4941)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transcript Course Title: Maximum of 30 characters including spaces and punctuation</th>
</tr>
</thead>
</table>

### PART 3 LAB SAFETY TRAINING (PLEASE ANSWER ALL QUESTIONS)

1) Conducting research in an experimental lab? Circle: YES NO

2) Completed lab safety training? Circle: YES  Indicate most recent month/year training was completed  

Circle: NO  Indicate when training will be completed  

PLEASE NOTE: lab safety training is required BEFORE you begin to work in an electrical, biological, chemical, or radiation laboratory. Additional training requirements may be identified and required. Check with your instructor if you have questions.

### PART 4 SCHOOL OF SCIENCE RESEARCH REGISTRATION

Check the appropriate course number and indicate credit hours

- ❑ BIOL 2900 Research in Biology ________ cr. hr.
- ❑ BCBP 2900 Research in BCBP ________ cr. hr.
- ❑ BIOL 2930 Out of the Classroom Experience in Biology ________ cr. hr.
- ❑ BCBP 2930 Out of the Classroom Experience in Biochem/Biophysics ________ cr. hr.
- ❑ BIOL 4900 Team Research ________ cr. hr.
- ❑ BIOL 4970 Non Thesis Research ________ cr. hr.
- ❑ BCBP 4970 Non Thesis Research ________ cr. hr.
- ❑ BIOL 4990 Senior Research Thesis ________ cr. hr.
- ❑ BCBP 4990 Senior Research Thesis ________ cr. hr.
- ❑ CHEM 2930 Out of the Classroom Experience ________ cr. hr.
- ❑ CHEM 2950 Undergraduate Research ________ cr. hr.
- ❑ CHEM 4970 Advanced Research (Chemistry junior or seniors only) ________ cr. hr.
- ❑ ERTH 4970 Out of the Classroom Experience ________ cr. hr.

Optional Transcript Title: Maximum of 30 characters including spaces and punctuation:

### PART 5 (TO BE COMPLETED BY THE INSTRUCTOR): DESCRIPTION AND GOAL OF THE PROPOSED RESEARCH, INCLUDE INFORMATION ON THE SPECIFIC ROLE OF THE STUDENT

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Students admitted to the accelerated BS/PHD program in Science only. Check if this registration is one of your required Research Rotations ________
### School of Science Research Registration Instructions

**STUDENT:** Fill in Part 1 & 3. Determine with your instructor the appropriate registration course number in **PART 4.** The instructor will complete **Part 5.** Accelerated BS/PhD students should indicate if the research is one of the required Research Rotations. After obtaining the necessary signatures submit this form to the Registrar’s Office by the end of the 2nd week of class, the Add Deadline.

**INSTRUCTOR:** Complete and sign **Part 5**