

DEPARTMENT OF CHEMISTRY
INDEPENDENT STUDY FORM

Name of Major _____
(Last, First, MI)

Address _____

Email _____ @ duke.edu

Degree Sought:

___ AB in Chemistry (If in a concentration, also check below)

___ Biochemistry ___ Pharmacology ___ Environmental Chemistry

___ BS in Chemistry (If in a concentration, also check below)

___ Biochemistry ___ Pharmacology ___ Environmental Chemistry

Expected date of graduation (Month and Year) _____

Number of semesters already completed in independent study: _____

Name of Research Director _____

Department of Research Director _____

Independent Study Course Number and Section _____

[If your research director is not a faculty member in the Chemistry Department, be sure to obtain a permission number so you can register through ACES.]

Approval of Research Director

(Signature) _____ Date _____

Brief Description of Research Project.

Please return completed form to Dr. Bonk's office, 65.222