

Astronomy 499 Undergraduate Research Approval

Student Name:	Quarter/Year:
Student Number:	
Research Advisor:	Research Advisor Signature*:
Number of research credits:	
Describe your research topic in 1-2 sentences:	
Method of Evaluation:	

** If necessary, please attach email from your advisor in lieu of a signature.*

**Please return completed form to astroadvising@uw.edu to receive an add code.
A form must be filled out for every quarter you want to earn ASTR 499 credit.**

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