THE UNIVERSITY OF ARIZONA
College of Pharmacy

Undergraduate Research Credit Registration Form

In order to earn academic credit for research, students must identify a research opportunity and obtain the support of a faculty member who is willing to oversee that work. Registration is managed by the College of Pharmacy, and is subject to approval by the faculty mentor, the undergraduate program director, and the academic advisor. Research is a significant time commitment, and should only be pursued by students who have demonstrated an ability to successfully manage their academic workload. For this reason, a minimum major/pre-major and cumulative GPA of 2.0 is required in order to enroll in research units.

You and your faculty mentor will determine which course you should enroll in and the number of credits you should earn, depending on the details of your research plan. Options are:

Course Title	Grading Scale	Description
Independent Study (299, 399, 499)	S/P/F	Designed for students who are performing routine tasks. Non-honors Independent Study units do not count in your GPA.
Honors Independent Study (299H, 399H, 499H)	A/B/C/D/E/W	Students earning honors independent study credit should be doing demonstrably different work than those earning non-honors credit. This should be reflected in a deeper, more challenging, and more intense engagement with the subject matter or project. Units will count in your GPA.
Directed Research (392, 492)	A/B/C/D/E/W	Designed for students who are making intellectual contributions to an existing project or engaged in their own research. Not appropriate for students conducting routine tasks.
Honors Thesis (498H)	A/B/C/D/E/W	Honors students will complete an honors thesis in their final two semesters (3 units per semester). Additional paperwork must be submitted to the Honors College.

Per University policy, students must work a total of 45 hours for every 1 academic unit (or approximately 3 hours per week in the standard 15-week semester).

Submit your completed form to Rebecca Field in Drachman Hall room B107 or at rfield@pharmacy.arizona.edu. Forms are due by the 16th day of the fall/spring semester. (Earlier deadlines apply in summer.) It is your responsibility to follow through on registration and confirm that you have been enrolled in units. Registration holds (including past-due financial balances), requests that will raise your semester credit count above 19 units, and incomplete forms will prevent you from being enrolled.

Student Information

Student Name: _____   Student ID# _____

Student Phone: _____   Student Email: _____

Class Standing: FR   SO   JR   SR   Expected Graduation Term: _____

Cumulative GPA: _____

Registration Information

Semester (check one):   ☐ Fall   ☐ Spring   ☐ Summer I   ☐ Summer II   Year: _____

PCOL Course Number (check one):

Independent Study:	☐ 299	☐ 399	☐ 499
Honors Independent Study:	☐ 299H	☐ 399H	☐ 499H
Directed Research:	☐ 392	☐ 492	
Honors Thesis:	☐ 498H		

Number of Units: _____   *(Each unit requires 45 hours of work. Semesterly and cumulative unit limits apply for research units.)*

Continue to page 2 to outline the details of your research proposal.

Faculty Research Mentor Info

Faculty Mentor Name: _____ **Home Department** _____

Faculty Phone: _____ **Faculty Email:** _____

Research Proposal Details – Attach Additional Pages if Necessary

Description/summary of project: _____

_____

_____

_____

Techniques the student will learn/use as part of this research project: _____

_____

_____

_____

What is the anticipated outcome of this work (ex: research paper, poster, oral presentation), and what are the criteria for assessment/grading? *Please note that courses with graded units require completion of a tangible product*._____

_____

_____

_____

Will the student be required to attend lab meetings? ☐ Yes   ☐ No

Will the student be required to maintain a laboratory notebook? ☐ Yes   ☐ No

Estimated hours per week student will spend on project: _____

Estimated Faculty Mentor/student contact hours per week: _____

Required Signatures

All parties agree on the research plan outlined in this proposal. The student's grade will be based upon the level to which these criteria are satisfied.

Student: _____ **Date:** _____

Faculty Mentor: _____ **Date:** _____

Return completed and signed form to Rebecca Field in Drachman Hall room B107, or email clearly scanned copy to rfield@pharmacy.arizona.edu.

For Office Use Only:
Advisor Approval: _____ **Date:** _____

Section Add Request Date: _____   **Student Enrolled Date:** _____   **Student Contacted Date:** _____

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