Certificate of Research Option Approval

School of Architecture College of Architecture Georgia Institute of Technology

This form will not be signed by the undergraduate coordinator until the two faculty readers have given their signature approval.

Date: _____

Student Name				
gtID#				
Major				
Faculty Mentor Name				,
Thesis Title				
A. Required Coursework		2000 2000 400	0.4600) M. 4. 4.	
Please <i>individually</i> list all composition of nine hours of undergraduate		., 2698, 2699, 469	8, 4699). Must contain a m	ıınımum
Course		Credit Hours	Semester/Year Complet	ted
LMC 4701, Undergraduate Re	esearch Proposal Writing	1		
LMC 4702, Undergraduate Re	esearch Thesis Writing	1		
, 5	<u> </u>			
D. O4l D				
B. Other Requirements				
None				
C. Completion of Thesis				
We, the below signed, hereby st fulfillment of the requirements j		e thesis submitted	by the above student in par	rtial
Faculty Mentor (print name)	Signature		Date	
Faculty 2nd Thesis Reader (print nam	ne) Signature		Date	
D. School Approval				
Approval to Grant Research Option	on Designation			
Undergraduate Coordinator (print n	ame) Signature		Date	

E. Thesis Electronic Archiving Permissions

Certificate of Authenticity				
I certify that the content of this electronic	thesis is the same con	tent approved by my committee.		
I Agree				
Copyright Statement				
I hereby certify that, if appropriate, I have obtained and attached hereto a written permission statement from the owner(s) of each third party copyrighted matter to be included in my thesis, dissertation, or project report, allowing distribution as specified below. I certify that the version I submitted is the same as that approved by madvisory committee.				
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Availability				
option thesis archive with the following st	atus: (Please select on			
restricted for a period of one year to all, in situations such as when a patent application option MAY ONLY BE EXERCISED YOU MAY CHOOSE THIS OPTION, BUMEMBER ACCESS WILL BECOME WE	ncluding the Georgia Ton is planned, or when WITH THE WRITTE UT IF NO LETTER IS ORLDWIDE. (This open request for an extended)	Tech community. This option addresses proprietary interests are at stake. NOTE: THIS N CONSENT OF THE MAJOR PROFESSOR.		
Printed Name of Student	-	School Granting Research Option		
Student Signature	-	Date		
Mentor Approval				
I certify that this Research Option Thesis of SMARTech (smartech.gatech.edu), and I lor other reasons it should be restricted.	•	cly through Georgia Tech's repository, il, proprietary, U.S. government security-related,		
Printed Name of Mentor	Signature			

Thesis Archiving Submission Instructions

1. Students must hand deliver a *copy* of this form between 8:00am and 4:00pm with all required signatures *no later than the last day of finals* to:

Undergraduate Research Opportunities Program (UROP) Georgia Institute of Technology Clough Undergraduate Learning Commons 266 Fourth Street NW, Suite 205 Atlanta, GA 30332-0940

Alternatively, students may scan and email their completed form to urop@gatech.edu.

The original form will remain with the school.

- 2. Students will create an account on the electronic Research Option thesis website https://thesis.gatech.edu. After all signatures have been obtained, the student will: (a) paste the thesis abstract into the appropriate box (350-word limit) on this website, (b) enter keywords and phrases (separated by commas), and (c) upload their thesis.
- 3. Upon receipt of the copy of the signed certification form in the UROP office and student graduation (confirmed by the Registrar's Office), the thesis will be posted electronically with the library via SMARTech. (Please allow at least two to three weeks for posting following graduation.)