Certificate of Research Option Approval

School of Chemistry and Biochemistry College of Sciences Georgia Institute of Technology

All information is to be typed. 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 Coursewo	rk				
Please <i>individually</i> list all of nine hours of undergrad			, 2698, 2699, 469	8, 4699). Must contain a r	ninimum
Course	Credit Hours	Semester/Year Completed			
LMC 4701, Undergraduate Research Proposal Writing			1		
LMC 4702, Undergraduate Research Thesis Writing			1		
B. Other Requirements None	5				
C. Completion of Thesi	is				
We, the below signed, here fulfillment of the requirem			thesis submitted t	y the above student in pa	rtial
Faculty Mentor (print name)		Signature		Date	
Faculty 2nd Thesis Reader (prin	nt name)	Signature		Date	
D. School Approval					
Approval to Grant Research	Option Desig	nation			
Undergraduate Coordinator (p	orint name)	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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I Agree					
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.)