

**RESEARCH CREDIT PRE-REGISTRATION APPROVAL FORM
DEPARTMENT OF ENVIRONMENTAL HEALTH**



Today's Date _____ # of Research Credits Requested _____

Type of Research Credits Requested: ENV 7091 MA Thesis ENV 8091 Research ENV 9091 PHD DISS

Your Name _____ UC ID # _____

1. Meet with your mentor & advisor to discuss research goals for the semester.

2. Return pre-approval form to EH Grad Office.

3. Register for approved course on

UC One Stop: <http://onestop.uc.edu/>.

Instructor: Dr. Mary Beth Genter

Environmental Health
Graduate Studies Office
Kettering Lab Complex
Room 127
513-558-5704
Ehgrad@ucmail.uc.edu

Degree in which you are enrolled:

MS PhD Certificate

Program in which you are enrolled:

Biostatistics Clinical & Translational Research
 Epidemiology Industrial Hygiene
 Occupational Medicine Occupational Safety & Ergonomics
 Environmental Genetics & Molecular Toxicology

Semester in which you are completing these credits:

FALL 20__ SPRING 20__ SUMMER 20__

Briefly describe your research plan, including your role in the research project:

Approximate number of hours per week you will spend on this research during the semester:

Research Mentor Name, Position, Affiliation, and Email Address:

Research Mentor Signature: I approve of the research described above and will mentor the student throughout the conduct of the research.

Academic Advisor Name:

Academic Advisor Signature: