

**PERMISSION TO REGISTER FOR RESEARCH CREDITS FORM
DEPARTMENT OF ENVIRONMENTAL HEALTH**



Today's Date _____ # of Research Credits Requested _____ (1-15G)

Type of Research Credits Requested: ENV7091 MA Thesis ENV8091 Research ENV9091 PHD DISS

Your Name _____ UC ID # _____

1. Meet with your mentor & advisor to discuss research goals for the semester.
2. Return signed form to EH Grad Office.
3. Register for research credits.

Degree in which you are enrolled:

MS PhD Certificate

Catalyst: catalyst.uc.edu

Instructor: Dr. Mary Beth Genter

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

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:

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:

* Each student is responsible for adding their approved research credit hours in Catalyst and following the UC dates & deadlines calendar.
 * Permission to register will NOT be granted if a student has an NG research grade on their current academic record.