

University of Washington
Department of Aeronautics & Astronautics
Undergraduate and Graduate Research Proposal

Name _____

Student Number _____

Please Print: (Last, First, M.I.)

Department: _____

Example: Pre-Engr., AA, EE, ME

Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Proposal for: (check one) ☐ AA 299 ☐ AA 499 ☐ AA 499 Honors* ☐ AA 599 Graded ☐ AA 600 Graded ☐ AA 599 Cr/Nc ☐ AA 600 Cr/Nc

*A copy of the final report must be signed off by the faculty member and a copy retained in the student file.

Is this research project part of a project funded by **NSF**? ☐ Yes ☐ No

If so, has the student completed the required on line **CRC** training required for NSF funded projects? ☐ Yes ☐ No

* On-Line training must be completed at the following web site and should be completed before working on the project or shortly thereafter:

<http://www.washington.edu/research/main.php?page=rcr>

Title of Proposal: _____

Description (Additional Pages May be Attached):

Description
(Additional
Pages May be
Attached)

Student Signature _____

Date _____

Faculty Advisor _____

Date _____

Please Sign

Faculty Code _____ SLN _____

Please Print

Registration For Quarter _____ Year _____ Number of Credits _____

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COMPLETE AND RETURN THIS FORM TO
William E. Boeing Department of Aeronautics & Astronautics
University of Washington
Box 352400, Seattle, Washington 98195-2400