Certificate of Research Option Approval

School of Chemistry and Biochemistry
College of Sciences

All information is to be typed. This form will not be signed by the undergraduate coordinator until the student has turned in an electronic (PDF) copy of the approved thesis to the undergraduate coordinator.

DATE: __________________

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GTID#</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td></td>
</tr>
<tr>
<td>Faculty Mentor</td>
<td></td>
</tr>
<tr>
<td>Thesis Title</td>
<td></td>
</tr>
</tbody>
</table>

A. Required Coursework

<table>
<thead>
<tr>
<th>Courses</th>
<th>Semester Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thesis Option Courses (LCC 4701 and LCC 4702)</td>
<td></td>
</tr>
<tr>
<td>Research Courses (9 hours minimum, 4699, 4698–list individually)</td>
<td></td>
</tr>
</tbody>
</table>

B. Completion of Thesis

We, the below signed, hereby state our full approval of the thesis submitted by the above student in partial fulfillment of the requirements for the Research Option.

<table>
<thead>
<tr>
<th>Faculty mentor (print name)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty 2nd Thesis Reader (print name)</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

C. School Approval

Approval to Grant Research Option Designation

<table>
<thead>
<tr>
<th>Undergraduate Coordinator (print name)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
D. Thesis Electronic Archiving Permissions

Certificate of Authenticity

I certify that the content of this electronic thesis is the same content 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 my advisory committee.

I hereby grant to Georgia Tech or its agents the non-exclusive license to archive and make accessible, under the conditions specified below, my thesis, dissertation, or project report in whole or in part in all forms of media, now or hereafter known. I retain all other ownership rights to the copyright of the thesis, dissertation or project report. I also retain the right to use in future works (such as articles or books) all or part of this thesis, dissertation, or project report.

_____ I Agree

Availability

My advisory committee and I agree that the above mentioned document be placed in the electronic research option thesis archive with the following status: (choose one)

_____ 1. Release the entire work immediately for access worldwide after my graduation.

_____ 2. Secure the entire work for one year. Access to all portions of the research option thesis will be restricted for a period of one year to all, including the Georgia Tech community. This option addresses situations such as when a patent application is planned, or when proprietary interests are at stake. NOTE: THIS OPTION MAY ONLY BE EXERCISED WITH THE WRITTEN CONSENT OF THE MAJOR PROFESSOR. YOU MAY CHOOSE THIS OPTION, BUT IF NO LETTER IS RECEIVED FROM THE FACULTY MEMBER ACCESS WILL BECOME WORLDWIDE. (This option may be extended if the major professor petitions the library in writing. If no written request for an extension is requested and granted, the thesis will be released after one year without further notice.)

Printed Name of Student __________________________ School Granting Research Option __________________________

Student Signature __________________________ Date __________________________
Abstract
If you have an abstract for this Thesis, please paste it into the box on the online site and limit to 350 words.

Keywords
Enter keywords and phrases separated by a comma on the online site.

You may also attach a hard copy to this form including the abstract and keywords in addition to submitting on the online site.

Mentor Approval
I certify that this Research Option Thesis can be available publicly through Georgia Tech’s repository, SMARTech (http://SMARTech.gatech.edu) and I know of no contractual, proprietary, U.S. government security-related, or other reasons it should be restricted.

___________________________________
Printed Name of Mentor

___________________________________
Signature    Date

Thesis Archiving Submission Instructions
1. Students should send a copy of this form showing all required signatures no later than the last day of finals to:

   Undergraduate Research Opportunities Program (UROP)
   Georgia Institution of Technology
   Mail Code 0740
   ATTN: Research Option
   Atlanta, GA 30332-0740

   Students may also hand deliver their form in person to Clough Commons, Suite 205-G between 8am and 4pm or fax it to 404-385-8366.

   The original will remain with the school.

2. Students will create an account on the electronic research option thesis website at http://rothesis.gatech.edu/ and upload their thesis to the electronic research option thesis website after all signatures have been obtained.

3. Upon receipt of the copy of the signed approvals 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 2-3 weeks for posting following graduation).