1. **Catalog Description of the Course.** [Include the course prefix, number, full title, and units. Provide a course narrative including prerequisites and corequisites. If any of the following apply, include in the description: Repeatability (May be repeated to a maximum of ___ units); time distribution (Lecture ___ hours, laboratory ___ hours); non-traditional grading system (Graded CR/NC, ABC/NC). Follow accepted catalog format.]

**CHEM 494. INDEPENDENT RESEARCH (1-3)**
Prerequisite: Consent of instructor/research advisor.
Provides student credit for independent research (laboratory or library) that culminates in a written and oral report. Repeatable.

2. **Mode of Instruction.**

<table>
<thead>
<tr>
<th>Units</th>
<th>Hours per Unit</th>
<th>Benchmark Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
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<tr>
<td>Seminar</td>
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<tr>
<td>Laboratory</td>
<td></td>
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</tr>
<tr>
<td>Activity</td>
<td>1-3</td>
<td>2</td>
</tr>
</tbody>
</table>

3. **Justification and Learning Objectives for the Course.** (Indicate whether required or elective, and whether it meets University Writing, and/or Language requirements) [Use as much space as necessary]

This course provides students with the opportunity to perform an internship or do service learning.

Students who successfully complete this course will be able to:
- Discuss the subject matter related to the independent research experience
- Apply the knowledge obtained in prior Chemistry courses to the independent research experience

4. **Is this a General Education Course**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

5. **Course Content in Outline Form.** [Be as brief as possible, but use as much space as necessary]

Variable

6. **References.** [Provide 3 - 5 references on which this course is based and/or support it.]

Variable

7. **List Faculty Qualified to Teach This Course.**

Dr. Simone Aloisio, Dr. Philip Hampton

8. **Frequency.**

a. Projected semesters to be offered: Fall ___ Spring ___ Summer ___

9. **New Resources Required.**

None

10. **Consultation.**

NEWCRSFR 9/30/02
Attach consultation sheet from all program areas, Library, and others (if necessary)

11. If this new course will alter any degree, credential, certificate, or minor in your program, attach a program modification.

Philip Hampton ______________________ 1/8/03 ____________________________
Proposer of Course Date