



Science Research Course Proposal Sheet

Date: _____

High School Name: _____

High School Address: _____

County: _____

Name of Principal: _____

E-mail of Principal: _____

Contact Person for Proposed Course: _____

Phone and E-mail of Contact Person: _____

Title of Proposed Course: _____

Teacher of Proposed Course: _____

Teacher's Phone and E-mail: _____

Date Course Will Begin: _____

Minutes Per Session: _____ Sessions Per Week: _____ #of weeks _____

Check one: Course will run from September to January (Fall)___ February to June (Spring)___
or from September to June (Full-Year)___ Science Research Courses -offered in the Summer and
Full-Year___ .

Required Supporting Materials (Course Proposals will not be considered unless ALL materials requested below are submitted):

- Complete course outline (syllabus – see sample document provided).
- Resume of Instructor
- Undergraduate and Graduate Transcripts of Instructor
- Name and telephone number of a person to contact with questions or requests for additional information.
- I am aware of and will abide by the guidelines listed on the University at Albany's Science Research in the High School website at:
<http://www.albany.edu/scienceresearch/guidelines.shtml>

Signature of UHS Science Research Teacher

Date

Signature of High School Principal

Date