

## CH E 490 Study Proposal

This study proposal must be completed electronically and submitted to the Curriculum Committee Chair in the Department of Chemical and Biological Engineering via the email [che490@iastate.edu](mailto:che490@iastate.edu) prior to enrolling in CH E 490, and no later than the 10<sup>th</sup> day of the semester. Proposals submitted after the 10<sup>th</sup> day of the semester will require additional approval from the CBE Department Chair. Please prepare this plan in consultation with your Faculty Instructor, whose approval verifies that the planned effort justifies the number of proposed credits. Typically you should expect to spend 3 to 4 hours per week per credit hour.

Project Title: \_\_\_\_\_

Faculty Instructor: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Classification (Sr/Jr/..): \_\_\_\_\_ Enrollment Term(s): \_\_\_\_\_ Credits Each Term (1-6): \_\_\_\_\_  
*Note: 6 cr. Maximum applied to Tech Elects.*

### 1. Course Objectives:

- a. Describe the topic that you plan to study.
- b. Indicate what you hope to learn as a result of this independent study.
- c. Describe how this course fits in your plan of study.

### 2. Approach to Independent Study:

Provide a tentative timeline that lists the specific activities planned for the semester, and the anticipated number of weeks you plan to work on each activity. *State your plan for completing this work in the event that on-campus research is suspended during the semester.*

### 3. Methods for Reporting Progress and Demonstrating Achievements:

- a. Describe how you will interact with your Faculty Instructor during the term, such as weekly meetings, e-mail summaries, etc.
- b. Identify the project's "deliverable", such as a written report, a presentation, a draft of a journal article, etc.

#### 4. Covid-19 Health and Safety Acknowledgement

CH E 490 contains experiential components that are critical to the achievement of its learning outcomes. Due to the nature of the course activities and/or the use of specialized equipment or spaces for the course, the department delivering this course has determined that these activities can only be effectively delivered in an in-person format in which not all standard health and safety measures may be feasible. This mode of delivery may pose increased risk levels of exposure to COVID-19 for the students and personnel due to:

1. Settings where ideal physical distancing recommendations cannot be met.
2. Settings where use of face coverings may pose safety risks or prevent achieving course outcomes and are therefore not required or non-permissible.
3. Settings where disinfecting procedures may not be practical for all surfaces.

**The faculty instructor will outline specific safety measures that will help mitigate the risks associated with the learning experience. Complying with the safety measures is required for participation in the course.**

If you are unable to or unwilling to participate in the course experience due to the increased risk level or inability to comply to the safety measures, you must notify the instructor immediately. The instructor and/or department will communicate alternate options, if available, including but not limited to dropping the course and taking the course in a future semester, identifying an alternative course or other options.

In signing this agreement, I acknowledge that I have read, understand, and accept the content of this statement regarding the health and safety expectations for the course, as well as the associated inherent risks of this course and that the instructor(s) will communicate any additional specific safety expectations for the course through the course syllabus or other course content. I agree to comply with the health and safety requirements in order to participate in the course. I also agree that I will notify the instructor immediately if I am unable or unwilling to participate in the course experience for reasons related to increased risk and/or compliance with safety measures.

#### Approval:

\_\_\_\_\_  
Student

Date: \_\_\_\_\_

\_\_\_\_\_  
Faculty Instructor

Date: \_\_\_\_\_

\_\_\_\_\_  
CBE Curriculum Committee Chair

Date: \_\_\_\_\_

\_\_\_\_\_  
CBE Department Chair (if submitted after the 10<sup>th</sup> day of the semester)

Date: \_\_\_\_\_