

Advise-A-Student PROGRAM

Advisor Request Application



Name of Student: _____ Age: _____ Grade: _____

Home Address: _____ Chicago, IL Zip Code: _____

Home Phone: (____) _____

School: _____ CPS Area: _____ GSR: _____

School Phone: (773) _____

Title of Project: _____

Description of Project: _____

Choose One:

- I am at the beginning stage of my science fair project. I need help in scientifically planning and carrying out my research. My science teacher cannot provide this help.
- I am at the intermediate stage of my science fair project. I have gone to local libraries and done some experimentation. I need help in improving my experiment and getting more information.
- I am at the advanced stage of my science fair project. I have done extensive experimentation and research. I need help in obtaining and understanding advanced, technical information on my topic and in improving my experiment.

Select the category most appropriate for your project:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Aerospace Science | <input type="checkbox"/> Chemistry | <input type="checkbox"/> Engineering Science | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Behavioral Science | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Earth Science | <input type="checkbox"/> Health Science | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Botany | <input type="checkbox"/> Electronics | <input type="checkbox"/> Materials Science | <input type="checkbox"/> Zoology |

Print the name of the science teacher with whom you have discussed your science fair project in detail.

Give the date of your research visit to:

The Harold Washington Library at 400 South State Street _____
DATE

A local university library _____
NAME DATE

NOTE: 1. Mail this application to: Joel Hofslund
Chicago State University
Department of Chemistry and Physics, Room SCI-309
9501 S. M.L. King Drive
Chicago, IL 60628

or fax to: Joel Hofslund
at 773-995-3809

2. Check where you want the response to be sent: home school

3. If you want a response sent by email, write your email address here _____.

Science Teacher's Signature: _____ Date: _____