BIOL 448 – DIRECTED STUDIES REGISTRATION FORM

Name: ______________________________________  Date: ________________________________

Student #: ______________________  ☎: __________________________  E-mail: ________________________________

Year Standing: ☐ 2nd ☐ 3rd ☐ 4th ☐ Unclassified  Academic Session: ______________________________

BIOL 448: ____  Sec: ____

Number of Credits:
☐ 3 credits
☐ 6 credits

Approval as general elective for CMS

______________________________

Must be signed by Dr. Sunita Chowira, CMS Program Director

Note: BIOL 448 may not be used as a Life Science package course in the CMS program.

Which Term:

Winter Session
☐ Term 1
☐ Term 2
☐ Both

Summer Session
☐ Term 1
☐ Term 2
☐ Both

Disciplines being combined:

(Please Specify)

Summary of proposed project and method of evaluation:

______________________________

Supervisor Approval:

Name: _________________________  Dept: _________________________  Phone: _________________________

Signature: ______________________  E-mail: _______________________

Grades must be submitted by the end of term for the term indicated on the submitted project proposal.

Biology Program Approval:

Signature: ______________________  Date: _______________________

______________________________

Shona Ellis, Associate Head of Biology

Completed form must be returned to Biology Program Office (Room 2604 DH COPP Bldg) prior to end of Drop/Add period.