**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. Pamela Kalas, 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)

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**Summary of proposed project and method of evaluation:**

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**Supervisor Approval:**

**Name:**  
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**Dept:**  
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**Phone:**  
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**Signature:**  
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**E-mail:**  
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**Grades must be submitted by the end of term for the term indicated on the submitted project proposal.**

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**Biology Program Approval:**

**Signature:**  
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**Date:**  
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Shona Ellis, Associate Head of Biology

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