

BIOL 448 – DIRECTED STUDIES REGISTRATION FORM

Name: _____ Date: _____
 Student #: _____ ☎: _____ E-mail: _____
 Year Standing: 2nd 3rd 4th Unclassified Academic Session: _____

<p>BIOL 448: ____ Sec: ____</p> <p>Number of Credits: <input type="checkbox"/> 3 credits <input type="checkbox"/> 6 credits</p> <p>Approval as general elective for CMS _____ <i>Must be signed by Dr. Vishakha Monga, CMS Program Director</i> Note: BIOL 448 may not be used as a Life Science package course in the CMS program.</p>	<p>Which Term:</p> <p><i>Winter Session</i> <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Both</p> <p><i>Summer Session</i> <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Both</p>	<p>Disciplines being combined: <i>(Please Specify)</i></p>
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Summary of proposed project and method of evaluation:

Supervisor Approval:					
Name:		Dept:		Phone:	
Signature:				E-mail:	

All undergraduate students should be supervised while working in a lab by a faculty member or graduate student. Grades must be submitted by the end of term for the term indicated on the submitted project proposal.

Biology Program Approval:			
Signature:		Date:	
	Sunita Chowrira, Associate Head of Biology		

Completed form must be returned to Biology Program Office prior to end of Drop/Add period.