CRN_____

CRSE_____SECT____

FOR OFFICE USE ONLY

Form updated: 3/26/13

REQUEST FOR : **MMBB 401 Undergraduate Research**
MMBB / Biol 499/502 Directed Studies
Biol 495 Research in Molec/Cell/Dev Biol
Biol 496 Research in Ecology and Evolution
Biol 497 Research in Anatomy and Physiology

STUDENT NAME: _____

STUDENT ID NUMBER: _____

STUDENT EMAIL ADDRESS: _____

INSTRUCTOR: _____
(Section will be opened under the instructor's name.)

SEMESTER COURSE TO BE TAKEN_____

MMBB 401 UNDERGRADUATE RESEARCH

_____ Pass/Fail or _____ Letter Grade

_____ Number of credits (2-3 hours/week/credit)

499 DIRECTED STUDIES **(JUNIORS OR SENIORS, GPA - 3.00)**
Specify subject
Title (30 characters): _____

_____ Pass/Fail or _____ Letter Grade

_____ Number of credits (2-3 hours/week/credit) ____MMBB or ___Biol

502 DIRECTED STUDIES (**GRADUATE STUDENTS ONLY**)
Specify subject
Title (30 characters): _____

_____ Pass/Fail or _____ Letter Grade

_____ Number of credits (2-3 hours/week/credit) ____MMBB or ____Biol

Biol 495 RESEARCH IN MOLEC/CELL/DEV BIOL

_____ Pass/Fail or _____ Letter Grade

_____ Number of credits (2-3 hours/week/credit)

Biol 496 RESEARCH IN ECOLOGY AND EVOLUTION

_____ Pass/Fail or _____ Letter Grade

_____ Number of credits (2-3 hours/week/credit)

Biol 497 RESEARCH IN ANATOMY AND PHYSIOLOGY

_____ Pass/Fail or _____ Letter Grade

_____ Number of credits (2-3 hours/week/credit)

SPECIFIC STUDENT/FACULTY RESPONSIBILITIES*:

*If the student is in their fourth year (i.e., senior standing) they are required to complete the Senior Survey. The faculty mentor will distribute the survey, collect it once completed, and return to the departmental office.

BENEFIT TO RESEARCH EFFORT OF FACULTY:

BENEFIT TO STUDENT'S DEGREE PROGRAM:

EVALUATION OF KNOWLEDGE:

Signed: _____
Student Signature

Signed: _____
Faculty Signature

Signed: _____
Biological Sciences Department Chair Signature