

CRN_____

CRSE_____SECT_____

FOR OFFICE USE ONLY

REQUEST FOR : Lab Experience
BCB 506 Lab Experience in Biology
BCB 507 Lab Experience in CS
BCB 508 Lab Experience in Math/Stats
Teaching Experience
BCB 597 Practicum

DATE: _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

STUDENT EMAIL ADDRESS: _____

INSTRUCTOR: _____

(Section will be opened under the supervisory instructor's name.)

SEMESTER COURSE TO BE TAKEN _____

SPECIFIC STUDENT/FACULTY RESPONSIBILITIES:

BENEFIT TO RESEARCH EFFORT OF FACULTY (only complete if requesting a lab rotation):

BENEFIT TO STUDENT'S DEGREE PROGRAM:

BASIS OF EVALUATION OF KNOWLEDGE:

Signed: _____
Student Signature

Signed: _____
Major Professor Signature

Signed: _____
Faculty Instructor Signature

Signed: _____
BCB Director Signature

***Return completed form to Lisha Abendroth in LSS 441D OR campus zip 3051**