

CRN_____

CRSE_____SECT_____

FOR OFFICE USE ONLY

REQUEST FOR: Lab Rotation (check one)
BCB 506 Lab Experience in Biology
BCB 507 Lab Experience in CS
BCB 508 Lab Experience in Math/Stats

DATE: _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

INSTRUCTOR: _____
(section will be opened under the supervisory instructor's name)

SEMESTER TO BE COMPLETED: _____

SPECIFIC STUDENT RESPONSIBILITIES:

BASIS OF EVALUATION OF KNOWLEDGE:

Signed: _____
Student Signature

Signed: _____
Instructor Signature

Signed: _____
Major Professor Signature

Signed: _____
BCB Director Signature

***Return completed form to Lisha Abendroth in LSS 441D OR campus lishaa@uidaho.edu**