PERMISSION TO REGISTER: BIOLOGY 399 Independent Study

Directed study of a specific topic under direction of one or more faculty members. 1 - 3 credit hours.

Registration Number __________  Section Number______________  Number of Credits ______

Please type or print clearly.

Student Information:

Student: First and Last Names       PID

Class Status                      E-mail Address              Name of Academic Advisor

Telephone Number

Course Information:

Registration Appt. Date/Time_______________Semester of Independent Study: ________________________

Name(s) of Faculty Member(s) who will direct, supervise, and grade Study:

______________________________________________________________________________

Title of Study: _____________________________________________________________________

Objective: ________________________________________________________________________

______________________________________________________________________________

Submitted By:

Student Signature ___________________________ Date _____________________________

To Be Completed By Faculty Member(s) Above-listed.

1. Please list required academic preparation or other prerequisite experience (i.e., course work), if applicable.

______________________________________________________________________________

2. Please list methods and/or criteria that will be used to evaluate the Study that provide a basis for a grade. Also, list any deadlines (i.e., draft paper due at midterm).

______________________________________________________________________________

Faculty Signature(s): ____________________________ Date: _________________________

Chairperson’s Signature: ____________________________ Date: _______________________

☐ Approved
☐ Not Approved. Reason: ____________________________ Date: _______________________

☐ Entered By: ____________________________ Date: ________________________