

REQUEST FOR: BE 499 Directed Studies

STUDENT NAME: _____

STUDENT ID NUMBER: _____

STUDENT EMAIL ADDRESS: _____

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

SEMESTER COURSE TO BE TAKEN BE 499

BIOL 401 UNDERGRADUATE RESEARCH

_____ Pass/Fail or _____ Letter Grade

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

SPECIFIC STUDENT/FACULTY RESPONSIBILITIES*:
Student will be responsible for the following:

Faculty will be responsible for the following:

BENEFIT TO RESEARCH EFFORT OF FACULTY:

BENEFIT TO STUDENT'S DEGREE PROGRAM:

EVALUATION OF KNOWLEDGE:

Signed: _____
Student Signature

Signed: _____
Faculty Signature

Signed: _____
Biological Engineering Department Chair Signature

CRN _____
CRSE _____ SECT _____
FOR OFFICE USE ONLY
Form updated: 5/11/15