

**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 _____      |
| <b>FOR OFFICE USE ONLY</b> |
| Form updated: 5/11/15      |