

## 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 Please type or print clearly.		Section Number	Number of Credits
	dent Information:		
Stu	dent: First and Last Names		PID
Cla	ss Status	E-mail Address	Name of Academic Advisor
Te	ephone Number		
Co	urse Information:		
Reg	gistration Appt. Date/Time	Semester of Independent Study:	
<u> </u>	ne(s) of Faculty Member(s) who	will direct, supervise, and grade Study:	
<u>—</u>	ective:		
Sul	omitted By:	<b>)</b>	
	Student Signature	<del>.</del>	Date
<b>To</b> 1.	Be Completed By Faculty Men Please list required academic	nber(s) Above-listed. 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).		
Fac	culty Signature(s):		Date:
Cha	airperson's Signature:		Date:
	Approved Not Approved. Reason:		
	Intered By:	Dato:	