**Department of Biological Sciences**

**BIOL 299 Registration Form**

**2018-2019**

Submit completed form to Student Services (BSB CW-405)

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Term/Year of registration in BIOL 299: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected # of credits completed at start of BIOL 299: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed 1 of BIOL 107, BIOL 108, SCI 100 or Equivalent Course? (Yes/No) \_\_\_\_\_\_\_\_**

**SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **TITLE OF BIOL 299 PROJECT:** |
|  | |
| **RESEARCH ACTIVITIES IN LAB OR FIELD IN BIOL 299:** | |
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**OTHER ACTIVITIES IN BIOL 299 (readings, attend lab meetings or seminars, etc.):**

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**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**\_\_\_\_\_\_\_\_\_\_\_

**Course Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**\_\_\_\_\_\_\_\_\_\_\_

**(all 3 signatures are required prior to registration)**