Department of Biological Sciences

**BIOL 399 Registration Form**

**2018-2019**

Submit this form to Student Services by September 10th, 2018

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CCID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | Program | Area |
|  | BSc Honors |  |
|  | BSc Specialization |  |
|  | Other |  |

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| --- |
| **TITLE:** (max. 55 characters including spaces) |
|  | |
| DESCRIPTION: (Please print a BRIEF description of work to be done during the term) | |
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### Please Note: Supervisor MUST be from the Department of Biological Sciences

**There are NO co-supervisors for BIOL 399**

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| **Student’s Signature**: | |  | Date: |  |
| **Supervisor’s Name**: | |  | | |
|  | Signature: |  | Date: |  |

**Emergency Contact Information:** (must be the lab that you will be working in)

|  |  |
| --- | --- |
| Room Number: |  |
| Phone Number: |  |
| Supervisor’s Email: |  |

**\*IMPORTANT\* Completion of this form does NOT mean you are registered in the course. Course registration is done in the Student Services Office at CW405. Students must submit their completed registration form *at least* one week prior to the Add/Drop deadline. Course registration is complete with the course is listed on the class schedule in Bear Tracks.**