

BIOL 448 – DIRECTED STUDIES REGISTRATION FORM

Name: _____ Date: _____

Student #: _____ ☎: _____ E-mail: _____

Year Standing: ☐ 3rd ☐ 4th ☐ Unclassified ☐ Other Academic Session: _____

BIOL 448: _____ Sec: _____ Number of Credits: <input type="checkbox"/> 3 credits <input type="checkbox"/> 6 credits Type of Elective: <input type="checkbox"/> General <input type="checkbox"/> Program Program Elective Approval: <hr style="width: 80%; margin-left: 0;"/> <p><i>(Must be signed by a Biology Program Advisor)</i></p> Note: Biology 448 may not be used as a program elective in the General Biology or Honours programs.	Which Term: <i>Winter Session</i> <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Both <i>Summer Session</i> <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Both	Program: <input type="checkbox"/> Major <input type="checkbox"/> Honours <input type="checkbox"/> Other Options: <input type="checkbox"/> Animal <input type="checkbox"/> General Biology <input type="checkbox"/> Cell Biology & Genetics <input type="checkbox"/> Cell & Developmental <input type="checkbox"/> Computer Science & Biology <input type="checkbox"/> Conservation <input type="checkbox"/> Ecology & Environmental <input type="checkbox"/> Evolution <input type="checkbox"/> Genetics <input type="checkbox"/> Marine <input type="checkbox"/> Plant <input type="checkbox"/> Oceanography & Biology <input type="checkbox"/> Other _____ <i>(Please Specify)</i>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Summary of proposed project and method of evaluation:

Supervisor Approval:					
Name:		Dept:	Phone:		
Signature:			E-mail:		
Grades must be submitted by the end of term for the term indicated on the submitted project proposal. Supervisor's Signature: _____					
Biology Program Approval:					
Signature:		Date:			
	Dr. Martin Adamson, Director Biology Program				

Completed form must be returned to the Biology Office (Room 2521) during the first week of your selected term or earlier.