AGREEMENT FOR COMPLETION OF BIOL 491, 495, 496, 499, 600, or 702

Student Information:						
Name: Last, First				WSUID		
Local Address			Phone:	one: Email:		
Project Information:						
BIOL	Course Number	Credits	Seme	ester	Year	
Brief title of special project, independent study or problem:						
Brief description of the project including a statement of objectives and methods to be employed:						
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	•					
Project Supervision:						
Requirements for a satisfactory grade:						
Faculty Mentor (ple	ease print):			hone:		
				Email:		
Faculty Mentor Signature:				Date:		
Student's Academic advisor (please print):			Phone Number:			
			Email:	Email:		
Student Signature:			Date:			
•						
For Office use						
Added to Course (d	ate) Copy to Mentor	(date) (Copy to Student	t (date)	Teacher Assignment done	

Please return completed form to the School of Biological Sciences office in 312 Abelson. Form must be completed and returned *before* student will be enrolled in the course. Copies will be provided to the student and the faculty project mentor. The original will be filed in the SBS Office. The faculty project mentor is responsible for entering the grade for the course.