

BIOL 448 – DIRECTED STUDIES REGISTRATION FORM

Name: _____ Student #: _____ Phone #: _____

Academic Session: _____ E-mail: _____ Date: _____

Year Standing: 2nd 3rd 4th Unclassified

<p>BIOL 448 Project: How many credits? <input type="checkbox"/> 3 credits <input type="checkbox"/> 6 credits Have you previously completed 3 credits of BIOL 448? No</p> <p>Type of Elective: <i>(Only applies to Biology students)</i> <input type="checkbox"/> General <input type="checkbox"/> Life Science Selection</p> <p><i>Note: Only 3 credits of BIOL 448 may be used toward the required 12 credits of Biology Life Science Selections for Biology Majors and Honours.</i></p>	<p>Which Term:</p> <p>Winter Session <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Both</p> <p>Summer Session <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Both</p>	<p>Program: <input type="checkbox"/> Major <input type="checkbox"/> Honours <input type="checkbox"/> Other</p> <p>Specialization: <input type="checkbox"/> Animal <input type="checkbox"/> Biology <input type="checkbox"/> Cell & Developmental <input type="checkbox"/> Chemical Biology <input type="checkbox"/> Computer Science & Biology <input type="checkbox"/> Conservation <input type="checkbox"/> Ecology <input type="checkbox"/> Evolution <input type="checkbox"/> Marine <input type="checkbox"/> Plant <input type="checkbox"/> Oceanography & Biology <input type="checkbox"/> Other _____ <i>(Please Specify)</i></p>
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Hypothesis Statement/Research Question, Project Summary & Method of Evaluation:

Hypothesis Statement/Research Question:

Project Summary:

Method of Evaluation:

Supervisor Approval:

Name: _____ Dept: _____ Phone: _____
Signature: _____ E-mail: _____

By signing this I have read the [BIOL 448- Directed Studies Project Requirements & Guidelines](#) and will submit a final grade and the student's written research report to the Biology office by the end of the exam period of the term of the project!

Biology Program Approval:

Signature: _____ Date: _____

Pamela Kalas, Associate Head of Biology

Completed form must be returned to Biology Program Office prior to end of Drop/Add period.