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**BIO 289 Introduction to Scientific Research**

**Registration Request and Approval Form**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credits (1 per term; a maximum of 4 total):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term (Summer, Fall, Winter or Spring):** \_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Research Mentor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Student’s Signature** **Date**

**REGISTRATION REQUEST APPROVAL:**

 **BIO 289 Instructor’s Signature** **Date**

 **Department Chair’s Signature** **Date**

**NOTE: This completed form must be submitted to the Office of Records & Registration (117 Graff Main Hall) and then returned to the Biology Department office (3005 Cowley) following registration.**