Northern Michigan University Department of Biology Approval for Undergraduate Research Credit

DATE:		NMU IN:				
NAME:						
(Last)		(First)		(M.I)		
ADDRESS:				, ,		
(Street)		(City)		State) -	(Zip)	
TELEPHONE:	EMAIL:				,	
Class Standing: Freshman	Sophomore	Junior	Senior	Post-B	accalaureate	
TO BE COMPLETED BY SUPERVISIN	NG FACULTY MEMBER	□ BI 2	188 Research	in Biology		
The student listed above has perm	ission to enroll in:	□ BI 4	188 Advance	d Research i	n Biology	
Course Title for Transcript:						
CREDIT HOURS: SEMESTE	ER: YEAR	:: MA	AJOR:			
DESCRIPTION OF RESEARCH PROJE	CT (Attach additional	pages if neede	d):			
RATIONALE FOR RESEARCH PROJECT	CT:					
						
(Signature of Student)	Date					
Print name of faculty member sup	ervising the project	(Signature	Signature of faculty member)		Date	
(Signature of Advisor)	 Date	(Signature	of Departmen	t Head)	 Date	
NOTE: THE COMPLETED FORM WI	TH NECESSARY SIGNA	TURES MUST	BE SUBMITTEI	O TO THE RE	GISTRAR'S	
OFFICE, C.B. HEDGCOCK, ROOM 2	202, TO HAVE A COUF	SE SEQUENCE	NUMBER ASS	IGNED TO T	HE COURSE.	
Course Created	Sequence Number		Student Enrolled			