



Please print or type.

STUDENT'S NAME _____ SOCIAL SECURITY # _____

LOCAL PHONE _____ EMAIL _____

COURSE NUMBER BIOSC 1903 BIOSC 1904 (HONORS)

TERM _____ YEAR _____ HOURS PER WEEK _____ NUMBER CREDITS _____

FACULTY SPONSOR _____

TITLE OF PROJECT:

DESCRIPTION (Provide a paragraph of explanation of the research project, including purposes, procedures to be employed, and the manner in which you will report the results):

FACULTY RESPONSIBILITIES (Describe the extent of your supervision of this project, including the frequency of meeting and method of evaluation):

I have read the foregoing description of this research project and hereby affirm my agreement to its items.

Faculty Signature: _____

Student Signature: _____

Dept Chair Signature: _____