

2017 UCI SUMMER SESSION

REQUEST FOR BIOLOGICAL SCIENCES 198A INDEPENDENT STUDY

INSTRUCTIONS:

1. Student obtains this form and fills it out with instructor.*
2. Students engaged in biomedical research must have an abstract and Signed Waiver & Release of Liability Form on file in the Biological Sciences Student Affairs Office.
3. Student/Faculty member submits this form to the Biological Sciences Student Affairs Office for approval.
4. Student must submit **this approved form**, an **enrollment form**, and **payment** to the Summer Session Office prior to deadlines. (Incomplete forms will not be accepted.)

* Must complete in ink. To ensure the integrity of the form and authorizing signatures, forms with alterations such as white-outs, cross-outs, or scanned signatures will not be accepted.

FOR OFFICE USE ONLY
LAST, F.I.: _____
SESSION: _____, _____, _____
SECTION: _____, _____, _____
CODE: _____, _____, _____
COURSE TYPE: _____
INSTRUCTOR ID: _____

STUDENT INFORMATION: TO BE COMPLETED BY STUDENT

STUDENT NAME: _____
(LAST, FIRST MIDDLE)

STUDENT EMAIL: _____

UCI OR SUMMER SESSION ID #: _____

FOR BIO SCI 198A, STUDENTS MUST HAVE COMPLETED BIO SCI 194S SAFETY COURSE OR EQUIVALENT.
 INDICATE COMPLETION INFORMATION BELOW:

QUARTER & YEAR: _____ INSTITUTION & COURSE: _____

COURSE INFORMATION: TO BE COMPLETED BY FACULTY SPONSOR AND STUDENT

All information MUST be provided accurately and in full, including units.

DEPARTMENT & NUMBER: **BIOLOGICAL SCIENCES 198A, Directed Group Studies**

TITLE (UP TO 19 CHARACTERS):
 (AS SHOWN ON TRANSCRIPT)
 Specify research area

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(to be completed by Biological Sciences Student Affairs Office)

SESSION & UNITS: SESSION 1: _____ UNITS SESSION 2: _____ UNITS
 10-WK SESSION: _____ UNITS

FACULTY SPONSOR: _____
PRINT FULL NAME

FACULTY UCI netID: _____

INSTRUCTOR NOTES:

- * GRADE SUBMISSION IS DONE ONLINE WITH YOUR UCI netID USING WebGrades.
- * ALL ACADEMIC CORRESPONDENCE WILL BE MADE TO YOUR UCI EMAIL ACCOUNT.
- * THERE IS NO REMUNERATION FOR INDEPENDENT STUDY COURSES.

APPROVAL: TO BE COMPLETED BY FACULTY AND BIOLOGICAL SCIENCES STUDENT AFFAIRS

FACULTY SPONSOR: _____
 SIGNATURE

BIOLOGICAL SCIENCES: _____
 BIOLOGICAL SCIENCES STUDENT AFFAIRS

MAKE A COPY OF THIS FORM FOR YOUR RECORDS
SUBMIT THIS FORM WITH A SEPARATE ENROLLMENT FORM