

CONSENT FORM FOR BI 470 DIRECTED RESEARCH

This form must be completed by student, including the gathering of signatures, and turned into the Records Office by the day of registration for the semester in which you wish to take BI 470

Student name: _____

Faculty sponsor: _____

Off-campus sponsor: _____
(if applicable)

Research topic (can be general, and may be subject to change): _____

Term and year taking BI 470: _____

BI 470 course section (A or B) and days/hours: _____

BI 470 course facilitator: _____

Anticipated term and year in which you will complete BI 472: _____

Student signature _____ Date _____

Off-campus sponsor signature: _____ Date _____
(if applicable)

Faculty sponsor signature: _____ Date _____

BI 470 course instructor signature: _____
Date _____