

REQUEST TO REGISTER FOR BIOLOGY 3993: Laboratory Teaching Experience

Instructions: Complete this form and take it to the instructor of the course you wish to participate in. Once you have discussed this, received the faculty approval, and signature, bring this form to the department secretary for an override number.

Date: _____

Name: _____

Student ID: _____

Email: _____ **Phone:** _____

Major: _____ **Minor:** _____

Number of credits requested for BIOL 3993: _____

Course (i.e., BIOL 1011, General Biology I): _____

Semester (circle one): Fall Spring SS

Total number of credits you have completed: _____ *(not including current enrollment)*

Biology and Related Courses Completed

Credits

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Lab Section Assigned _____

Supervising Faculty Name (print): _____

Supervising Faculty Signature: _____ **Date:** _____

_____ **Course Override Assigned**