

Bio 397 Directed Independent Research (Extramural) Enrollment Form For Summer Research Completed Off Campus

This form verifies that the student named below has participated, in research under the supervision of the named research supervisor. The student and research supervisor should agree on expectations and this form should be completed at the **end** of the research program. Once the form has been signed, return it to Dr. Mackenzie Taylor in HLSB 424 (mackenzietaaylor@creighton.edu). The student must also send an email to Dr. Taylor indicating that you wish to enroll in BIO 397 for _____ credits.

Student Name:

Net ID :

Term:

Number of Credits:

Research Supervisor:

Department and/or Institution:

Program Title:

Dates of Participation:

For the Student: I anticipate participating in the spring Biology Colloquium: Yes No

Summary of Research:

Please describe the research activities in a few sentences.

Student Signature _____ **Date** _____

Supervisor: I affirm that the student named above will conduct directed research under my supervision, with work expectations commensurate to the stated number of credit hours.

Supervisor Signature _____ **Date** _____