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

This form will verify that the student named below will be participating in research under the supervision of the named mentor. The student and mentor should agree on expectations, credit hours and grading standards before completing it. Once the form has been signed, return it to Dr. Mackenzie Taylor in HLSB 424 (mackenzietaylor@creighton.edu). The student must also send an email to Dr. Taylor indicating that you wish to enroll in BIO 397 for ______ credits.

Student:
Net ID:

Name of Research Supervisor:
Department:

Term:

Credit Hours (0-3)
Suggested Guidelines: 0 cr. = if course limit is reached; 1 cr. = 5-6 h/week; 2 cr.=7-8 h/week; 3 cr. = 9+ h/week

I anticipate participating in the spring Biology Colloquium  □ Yes  □ No

Summary of Research Plan
Please outline the proposed activities in a few sentences. It is understood that the research actually conducted may differ from these plans.

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

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 __________

Modified August 2015