

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** _____