Bio 397 Directed Independent Research (Extramural) Enrollment Form

This form will verify that the student named below will be participating in research work 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, bring it and a blank override form to Dr. Mackenzie Taylor in HLSB 424 (mackenzietaylor@creighton.edu). Override forms are available in the Biology Office (HLSB 448).

Student Name ________________ Net ID ________________

Research Mentor ____________________________ Dept ________________

Credit Hours (0-3) __________
Students may sign up for 0 credit hours to avoid tuition charges

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 ________________

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.

Mentor Signature ____________________________ Date ________________