

**DEPARTMENT OF BIOLOGY
SYRACUSE UNIVERSITY
PROPOSAL FOR BIO 460, RESEARCH IN BIOLOGY**

NAME: _____ STUDENT ID#: _____
COLLEGE: _____ CLASS: _____ MAJOR: _____
CAMPUS ADDRESS: _____ PHONE: _____ EMAIL: _____
SEMESTER: FALL ___ SPRING ___ SUMMER: SESSION 1 ___ SESSION 2 ___ YEAR: _____
Class #: BIO 460 _____ #of Credits: ___ Permission #: _____
Faculty Sponsor (Name, Address, Phone#, Email): _____

FACULTY: PLEASE COMPLETE OR INSURE THE ACCURACY OF ITEMS 1-4.

1. Title and objectives of research experience:

2. Procedures of study or nature of experience:

3. Nature of contact with faculty sponsor or supervisor:

4. Criteria for assessing student performance:

Student Signature Date

Faculty Sponsor Signature Date

Director of Undergraduate Studies Signature Date

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