

**DEPARTMENT OF BIOLOGY
SYRACUSE UNIVERSITY**

PROPOSAL FOR BIO 461, EXPERIENCE IN BIOLOGY/BIOTECHNOLOGY

NAME: _____ STUDENT ID#: _____

COLLEGE: _____ GRADUATION YR: _____ MAJOR: _____

CAMPUS ADDRESS: _____ PHONE: _____ EMAIL: _____

SEMESTER: FALL __ SPRING __ SUMMER: SESSION 1 __ SESSION 2 __ YEAR: _____

CLASS/SECTION #: _____ # 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

Chair of Biology Department/ Director of Undergraduate Studies

Date

FOR BIOLOGY DEPARTMENT INTERNAL USE ONLY