

**DEPT. OF BIOLOGICAL SCIENCES  
SPECIAL PROBLEMS PETITION  
BIO 197 A, B, C**

NAME \_\_\_\_\_ SEMESTER ENROLLED \_\_\_\_\_

STUDENT I.D. #: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

- |                                   |                  |        |   |   |
|-----------------------------------|------------------|--------|---|---|
| <input type="checkbox"/> BIO 197A | LETTER GRADED    | UNITS* | 1 | 2 |
| <input type="checkbox"/> BIO 197B | CREDIT/NO CREDIT | UNITS* | 1 | 2 |
| <input type="checkbox"/> BIO 197C | CREDIT/NO CREDIT | UNITS* | 1 | 2 |
- (CIRCLE ONE)

**PROJECT DESCRIPTION:**

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**The expectation for each unit assigned is a minimum of  
40 hours of work on the project per unit.**

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**STUDENT'S SIGNATURE/DATE**

\_\_\_\_\_  
**INSTRUCTOR'S SIGNATURE/DATE**

\_\_\_\_\_  
**DEPT. CHAIR SIGNATURE/DATE**

**STUDENT DEADLINE: PETITION MUST BE RECEIVED IN THE DEPT. OFFICE  
DURING THE FIRST TWO WEEKS OF THE SEMESTER.**

LAB SAFETY FORM ON FILE? YES NO