

DEPT. OF BIOLOGICAL SCIENCES
SPECIAL PROBLEMS PETITION
BIO 199A and BIO 199B

NAME _____ SEMESTER ENROLLED _____

STUDENT I.D. #: _____ DATE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

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|--------------------------|----------|---------------|--------|---|---|
| <input type="checkbox"/> | BIO 199A | LETTER GRADED | UNITS* | 1 | 2 |
| <input type="checkbox"/> | BIO 199B | LETTER GRADED | UNITS* | 1 | 2 |
- (CIRCLE ONE)

PROJECT DESCRIPTION:

1. This research must culminate in a report that describes the work performed and its significance.
2. The report must be received by the instructor of record prior to the assignment of course credit.
3. The expectation for each unit assigned is a minimum of 40 hours of work on the project.

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