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

NAME ______________________________________  SEMESTER ENROLLED ________________

STUDENT I.D. #: ____________________________  DATE: __________________

EMAIL ADDRESS:_________________________  PHONE NUMBER: _________________

☐ BIO 197A  LETTER GRADED  UNITS*  1  2
☐ BIO 197B  CREDIT/NO CREDIT  UNITS*  1  2
☐ BIO 197C  CREDIT/NO CREDIT  UNITS*  1  2

(COMIRCLE 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