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

NAME ______________________________________  SEMESTER ENROLLED ________________

STUDENT I.D. #: ____________________________  DATE: ____________________________

EMAIL ADDRESS:____________________________ PHONE NUMBER: __________________

☐ BIO 199A  LETTER GRADED  UNITS*  1  2
☐ 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

revised 8/06