

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

NAME _____ SEMESTER ENROLLED _____

STUDENT I.D. #: _____ DATE: _____

PHONE NUMBER: _____ Email: _____

<input type="checkbox"/> BIO 197A	Lab Teaching Assistant	LETTER GRADED	UNITS	1	2
<input type="checkbox"/> BIO 197B	Laboratory Techniques	CREDIT/NO CREDIT	UNITS	1	2
<input type="checkbox"/> BIO 197C	Co-Curricular Activities	CREDIT/NO CREDIT	UNITS	1	2
<input type="checkbox"/> BIO 197D	Adv Lab Exploration	LETTER GRADED	UNITS	1	2
<input type="checkbox"/> BIO 197E	Intermediate Lab Techniques	CREDIT/NO CREDIT	UNITS	1	2
<input type="checkbox"/> BIO 197F	Advanced Lab Techniques	CREDIT/NO CREDIT	UNITS	1	2

(CIRCLE ONE)

PROJECT DESCRIPTION:

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

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