

DEPT. OF BIOLOGICAL SCIENCES
SPECIAL PROBLEMS PETITION
BIO 199A, B, C, D

NAME _____ SEMESTER ENROLLED: _____

STUDENT I.D. #: _____ DATE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

check if **LAB SAFETY FORM ON FILE.**

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

PROJECT DESCRIPTION

STUDENT'S SIGNATURE DATE INSTRUCTOR'S SIGNATURE DATE

DEPT. CHAIR SIGNATURE DATE

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