

ENROLLMENT APPROVAL FORM-DEPARTMENT OF BIOLOGICAL SCIENCES-WICHITA STATE UNIVERSITY

Name: _____ myWSU ID _____
Last, First, MI

Student e-mail address: _____

Semester: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

CRN: _____ Credit Hours: _____ Instructor: _____

- Biol 481—Cooperative Education (2-4)
- Biol 497--Biology Colloquium (1)
- Biol 498--Undergraduate Independent Reading (2) (abstract required)
- Biol 499--Undergraduate Research (2-4) (abstract required)
- Biol 669--Undergraduate Research in Biochemistry (2) (abstract required)
- Biol 797—Departmental Seminar (1)
- Biol 890—Graduate Research (2-5) (abstract required)
- Biol 891—Thesis (1-2)

(student signature) Date

(instructor signature-needed for co-op ed, research & thesis)

(chair signature-if necessary)

ABSTRACT FOR BIOL 498, 499, 669 AND 890 ONLY—in the space below, give a description of the project, including a statement of: a) the purpose of the project; b) the type of project to be undertaken (lab research, library scholarship, independent readings, etc.); c) what you expect to accomplish during the semester; d) the project will result from the project (term paper, research report, presentation, etc.) and e) the basis upon which a grade will be assigned.

PROJECT TITLE: _____