

Student Information

Name *

First Name

Last Name

UR ID *

Class *

Expected year of graduation

1. BIOL 395 Independent Research Instructor
2. The Biology Department Undergraduate Office
- 3.

No

Title *

*Instructor must be member of the UR full-time teaching faculty.

Instructor Department *

Biology (Hutchison Hall)

Biochemistry (Medical school)

Chemistry Department: Labs w/ Biology Related (Hutchison Hall)

Microbiology Department (Medical School)

Neuroscience Department (Medical School / Medical Center Hall)

Pathology (Medical school)

Pharmacology & Physiology (Medical School)

Other Medical Center Depts Not Noted Above / Interdepartmental : i

Possible Applications: check all that apply (can be more than one) *

BA Biology

If other please explain

The Scientific Question *

What are you trying to find out through this research.

Course Evaluation *

How will they grade you? i.e.: weekly meetings, lab notebook, journal readings, presentations, poster, final report

Biohazards and Safety Training

Please note hazards and state training received or planned.

8 ,L@ t€ L D-2€ M∞°0# Jll@#0',• † '•b# '3B0 € @0 p px i+,€ ppX# 3 ppX# 5 p

Need help figuring out contact hour requirements? [Visit UR Bio Department Independent Research Course Rules and Regulation for information](#)

Is Research Clinical or Involve Patients? *

Yes

No

Maybe?

395 Course History

End of Form Print / Submit

Has 8 credits of independent research (395) credit already been taken with this instructor