## **APPLICATION FOR BIOT-X 498**

Date:	_ Name:			
IU Email address:				
Faculty mentor:			Department:	
Faculty mentor email:				
		Fall $\square$	Spring $\square$	
I am applying for	rcredits for	SSI □	SSII □	of 20
I understand that I am re	esponsible for regis	stering f	or BIOT-X 498 _	initials
Please provide a brief (1 o you plan to complete this	'	-		vidual research
Student Signature:				
Faculty Mentor Signatur *Faculty mentor can also provi	e:ide approval by emailing	biougrade	@indiana.edu	

Summer session (6 weeks): a minimum of 6hours per week = 1 credit hour earned.

Ultimately, the number of weekly hours in the lab for number of credit hours earned is at the discretion of the lab mentor.

Please send this form to biougrad@indiana.edu to receive permission to enroll

<sup>\*</sup> BIOT-X 498 guidelines: 3 hours in lab per week = 1 credit hour earned, for spring or fall semester (16 weeks).