APPLICATION FOR BIOL-X 490

| Date: | Name: | |
|--|--|--|
| IU Email address: | | |
| Faculty mentor: | | Department: |
| Faculty mentor email: | | |
| I am applying for | credits for: Fall \square Spring \square | Summer: 6W1 □ 6W2 □ of 20 |
| I understand that I am | responsible for registering | for BIOL-X 490 initials |
| BIOL-X 490 is not an upprequirements initia | - | Biology or Microbiology major |
| ž <u>-</u> | 490 research for honors in iology advisor to complete ar | the Biology Department? If n Honors Agreement Form. |
| - | immary (3 or 4 sentences) is semester and in future s | describing the individual research semesters. |
| Faculty Mentor Signature: | | |
| *Faculty mentor can also pro | vide approval by emailing biougrad | l@indiana.edu |

Summer session (6 weeks): a minimum of 6 hours 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. Be sure to submit this form *before* the last day to add a class. This date can be found on the IU Bloomington Official Academic Calendar.

^{*} BIOL-X 490 guidelines: 3 hours in lab per week = 1 credit hour earned, for spring or fall semester (16 weeks).