Application for BIOT-X 498 Independent Research in Biotechnology

Biotechnology Program	n ◆	Indiana U	niversity	•	Bloomington, IN 47405
Date:	Name	:			2
University ID number:					
IU e-mail address:					
Faculty mentor:					
Faculty mentor email address:					
Which degree are you pursuing?					
 Biotechnology BS Biotechnology BA Other 					
Current cumulative GPA:					
Matriculation date:					
Class standing (first year, sophomo	ore, juni	ior, senior):			
Expected graduation date (month a	and year	:):			_
Term of proposed enrollment (ente	er term a	and year): _			
Number of BIOT-X 498 credit hou	ırs prop	osed for this	s term (1-3	cr): _	

Provide a detailed summary of the research you plan to complete this term:

I understand that my application is not complete until my faculty mentor contacts the Biology Undergraduate office to confirm the information provided on this form (please initial):

I understand that I am responsible for registering for BIOT-X 498 (please initial):

Your signature: _____

Please send this form to the Biology Undergraduate Office (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 <u>IU</u> <u>Bloomington Official Academic Calendar.</u>