REQUEST FOR APPROVAL TO REGISTER FOR RESEARCH 291/491

- The Biology Dept. will register students for 291/491s during open registration when this completed and signed form is returned to Butler Hall, Room 107.
- A certificate of completion of EH&S training must be included for registration.
- **NO CREDIT** or grade will be given until this form and the Safety forms are signed and returned.
- **Students on scholastic probation** are NOT permitted to participate in BIOL 291/491.
- **Note:** U1/U2 register for 291 and U3/U4 register for 491.

<table>
<thead>
<tr>
<th>Student's Name (Print)</th>
<th>Classification</th>
<th>I.D. Number</th>
<th>TAMU E-mail address</th>
</tr>
</thead>
</table>

I request that I be allowed to register for ____ hours of BIOL _____ section ______ during the: (circle one) Fall Spring Summer I Summer II Summer (10 week)

Semester of 20______, to be used as follows (circle one):

<table>
<thead>
<tr>
<th>BIOL</th>
<th>BMCB</th>
<th>MICR</th>
<th>ZOOL</th>
<th>GENERAL</th>
</tr>
</thead>
</table>

Description:________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_________________________________________________________________________________________________

☐ I have completed the Work Area Specific Training and am turning in the completed form with this request.

☐ I will complete the Work Area Specific Training and turn in the completed form by the 10th class day.

_____________________________  ______________________  __________________
Student's Signature  Supervising Professor (print)  Department

_____________________________  ______________________  __________________
Student's Major  Supervising Professor (signature)  Office/Lab Phone No.

_____________________________  ______________________
Student's Phone Number  Supervising Professors E-mail

APPROVED SIGNATURE:_________________________  DATE:_________________________

Christine Farris, Director

**OFFICE USE ONLY**

BIOL 291/491 section:_____  Hours:____  Elective:______  GPA_______  Major GPA______

Student Contacted (date/initial)__________  How __________________

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