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 will be dropped from the course if they do not return a completed Work Area Specific Training form by the 5th day of class.
- Students on scholastic probation are NOT permitted to participate in BIOL 291/491.

Student's Name (Print) Classification I.D. Number TAMU E-mail address

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):

BIOL BMCB MICR ZOOL GENERAL

Description:________________________________________________________________________________________
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☐ 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 5th class day. I understand that the failure to submit the required documentation will result in me being removed from the course.

_____________________________ ________________________ ______________________
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 _________________