

REQUEST FOR APPROVAL TO REGISTER FOR BIOL491-Writing Intensive

- The Biology Dept. will register students for 491W during open registration when this completed and signed form is returned to the Undergraduate Advising Office in Academic Building, Room 103.
- 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 completed and returned.
- *Students on scholastic probation* are NOT permitted to participate in BIOL 491W.

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

I request that I be allowed to register for _____ hours of BIOL 491 section _____ during the:
(circle one) Fall Spring Summer (10 week) Semester of 20_____.

Description:

BIOL majors (BIOL, MBIO, BMCB, ZOOL) may take one course in BIOL491 as Writing Intensive to meet the Writing Intensive requirement. The goal of BIOL491 WI is for the student to produce a document in the same manner as a research publication in a biological discipline. Cycles of submission/review/ revision/resubmission will be used until the final document is approved by the research supervisor.

Tasks associated with BIOL491-Writing Intensive:

- Students must attend 3 workshops offered by the University Writing Center and Aggie Honor System Office during the first half of the semester. Students will be notified of locations and times no later than the end of the first week of classes.
- Drafts of the manuscript must be submitted to the research supervisor throughout the semester to engage in the submission/review process described above.
- A final copy of the manuscript must be submitted to the Biology Undergraduate Advising Office.
- Grades are assigned as determined by the research supervisor, using a grade scale of A-B-C-D or F.

Proposed Research Description: (use back of form or attach description if more space is needed)

- _____

 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: _____

Vanessa Nordell, Director

OFFICE USE ONLY

BIOL 291/491 section: _____ Hours: _____ Elective: _____ GPA _____ Major GPA _____
Student Contacted (date/initial) How