

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.
- **Note:** U1/U2 register for 291 and U3/U4 register for 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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 \_\_\_\_\_