

Indiana University-BLOOMINGTON

Application for BIOL X490 ____ BIOL X473 ____ Date: _____

Name: _____ SID# _____

Email Address _____ Phone # _____

Home Address: _____

Major(s): _____ Cumulative GPA _____ Date entered IU _____

Graduation Date: _____ Class Standing (FR SO JU, or SR) _____

I have spoken with Professor _____ email _____, in the _____ department who has agreed to be my research/internship/shadowing mentor.

I am applying for ____ credits for Fall ____ Spring ____ SSI ____ SSII ____ of 20 ____.

I understand that I am responsible for registering for X490/X473. ____ initials

X490 is **not a lecture or lab** for Biology or Microbiology major requirements. ____ initials

Do plan to do X490 research for honors in the department? ____ If yes, please see an advisor to complete a Thesis Agreement Form.

Please provide a summary below of the individual research, internship, or shadowing you plan to complete this semester, and in future semesters.

Student: _____ Mentor : _____

Authorization entered by: _____ Date _____

Please return this form to the Advising Office, Jordan Hall A115.