California State University, Fresno
Department of Biology

****STUDENT'S RESPONSIBILITY TO REGISTER – NOT THAT OF THE DEPARTMENT OFFICE****

BIOL 190/290 - Independent Study Approval Form

To register for BIOL 190/290 - Independent Study, complete this form and obtain the signature of the instructor. Submit the form and a syllabus signed by the student and instructor to Jannesa Lechuga at Jmlechuga@mail.fresnostate.edu. Department staff will obtain the Department Chair's signature. You will receive the course number and a permission number after the Department Chair has signed your form. Register for the course using the permission number.

_____ _____ _____
First Name Last Name Cum GPA

_____ _____@mail.fresnostate.edu
Student ID # Fresno State Email

Indicate the course, units, semester and year that you want to enroll in:

BIOL _____ _____ _____ _____
Course (190 or 290) Units (1-3) Semester (Fall/Spring) Year

_____
Name of Supervising Instructor **Signed Syllabus Attached(Y/N): ___**

1. Check below in which sense the proposed independent study project conforms to Item 1 of the Regulations for Independent Study. **Select one statement below and mark with an "X".**
   ____ Desire to pursue information not covered in a regular course.
   ____ Desire to study a special area in greater depth than is given in a regular course.
2. Describe briefly the nature of the independent study project to be undertaken and, if possible, at this time, the title of the paper.

3. The above student has an overall grade point average of 3.0 or higher.

   _____ _____
   Signature of Supervising Instructor Signature of Department Chair

4. Although the above student lacks a 3.0 overall grade point average, it is my belief that he/she will benefit from this study.

   _____ _____
   Signature of Supervising Instructor Signature of Department Chair

To be completed by the Department of Biology:

BIOL 190/290 Independent Study: _____ _____
Course # Permission #

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