Students wishing to enroll in a Directed Independent Study (DIS); Master’s Thesis Proposal/Defense or Master’s Thesis Credits must complete this registration form. Upon receipt of a faculty signature, the form must be returned to the departmental office (SC 136). Failure to adhere to this procedure may delay receiving a satisfactory grade or a title for the completed DIS project. It is clearly the student’s responsibility to complete the requirements of the course.

Please Print

DATE: ________________

STUDENT NAME__________________________STUDENT Number Z_____________________

FAU email address: ________________________@fau.edu Phone Number: _______________________

PRIMARY CAMPUS (indicate one): Boca)________Davie)_______ Jupiter)_______Harbor Branch)______PSL)_______

SEMESTER OF DIS OR THESIS: Please check semester and course section:

FALL)___________Spring) _______Summer: 1 (c)_______2(a)_______3 (b)_______

COURSE SECTION:

BSC 6905 DIS CRN#___________ Total credits_______

TITLE OF RESEARCH PROJECT FOR TRANSCRIPT (max 30 characters including spaces)

BSC 6971 Master’s Thesis CRN#_______ Total Credits_______

BSC 6963 Master’s Thesis Proposal CRN#______________ Credits: 1

BSC 6975 Master’s Thesis Defense CRN#_____________ Credits: 1

SUPERVISOR (Please print name of faculty member) ______________________________________

SIGNATURE OF FACULTY________________________________________________________________

STUDENT SIGNATURE____________________________________________________________________

Please note the following:
Will you be working with live vertebrate animals? No ___ Yes_____ (if Yes, you must:

(i) Enroll in the FAU Medical Monitoring Program
https://www.fau.edu/research/research-integrity/medical-monitoring.php

(ii) Take the CITI Lab Animal Welfare Course (at a minimum, take the investigators, Staff & Students Module)
https://www.fau.edu/research/research-integrity/animal-research-mandatory-training.php

(iii) Ensure that your professor adds you to their IACUC protocol)

Student notified on: ____/____/_____ by: ____________________Notification by: E-Mail Phone in person.

Revised: 2/2019