Department of Biological Science
Charles E. Schmidt College of Science

Masters Registration Form

Directed Independent Study
Master's Thesis Credits
Masters Proposal or Masters Defense

FAU
FLORIDA ATLANTIC UNIVERSITY

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 TRANSCIPT (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.