Students wishing to enroll in Directed Independent Study (DIS) must complete this registration form. Upon receipt of a Biology faculty (or Biology affiliate) member’s signature, return the form to the departmental office on your designated campus. Failure to adhere to this procedure may delay receiving a satisfactory grade or a title for the completed project. It is clearly the student’s responsibility to complete the requirements of a departmental DIS.

Grading for this course is S/U. In order for a DIS to be counted as biology elective, it must be taken within the Department of Biological Sciences. For degree requirements please meet with your Academic Advisor.

Please Print

Date: ______________

Student name: ___________________ Student Number: Z ___________________

FAU email address: ___________________ @fau.edu Phone Number: ___________________

Primary campus (indicate one): Boca _____ Davie _____ Jupiter _____ Harbor Branch _____

Semester of DIS/Honors Thesis/ Honors DIS: Please check semester and course section:

Fall ______ Spring ______ Summer: 1 _____ 2 _____ 3 _____

Course section: BSC 4905 CRN # __________

Total number of Credits (1-3): ________

DIS Supervisor (Please print name of faculty member): ________________________________

DIS Supervisor Signature: _______________________________________________________

Title of project (Title must be 30 characters or less including spaces):

____________________________________________________________________________

Student Signature: __________________________________________________________________

Please note the following:

Will you be working with live vertebrate animals? No ___ Yes ___

If yes, you must:

1) Enroll in the FAU Medical Monitoring Program
   (http://www.fau.edu/research/forms.php?expanddiv=researchint)
2) Take the CITI Lab Animal Welfare Course (at a minimum, take the investigators, staff & students module)
   http://www.fau.edu/research/researchint/iacuc_training.php
3) Make sure that your professor adds you to their IACUC protocol

Student notified on: ___/___/___ by: ___________________

Notification by: email ___ phone ____ in person ____

9-23-2015 Revision