Students wishing to enroll in a Directed Independent Study (DIS) Course must complete this registration form. Upon receipt of a faculty signature, the form must be returned 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.

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_______

BSC 6971 Master’s Thesis CRN#_________Total Credits_______

BSC 6905 Master’s Thesis Proposal___________BSC 6905 Master’s Thesis Defense ________________

BSC 6905 PSM Business Internship______________BSC 6905 PSM Science Internship______________

SUPERVISOR (Please print name of faculty member) ________________________________

SIGNATURE OF FACULTY________________________________________________________________

TITLE OF DIS 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:

(i) Enroll in the FAU Medical Monitoring Program
(http://www.fau.edu/research/forms.php?expanddiv=researchint)

(ii) Take the CITI Lab Animal Welfare Course (at a minimum, take the investigators, Staff & Students Module)
http://www.fau.edu/research/researhint/iacuc_training.php

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

_________________________ Notification by: ________________________________

Student notified on: ___/___/___ by: ________________________________Notification by: E-Mail  Phone in person.

Revised: 08/27/13