

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/researchint/iacuc_training.php)
- (iii) Ensure that your professor adds you to their **IACUC** protocol)

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