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 DIS PROJECT_______________________________________________________________________

Title must be 30 characters or less including spaces.

BSC 6971 Master’s Thesis CRN#_______ Total Credits_______

BSC 6905 Master’s Thesis Proposal CRN#______________ Credits: 1

BSC 6905 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: 6/2017