

## REQUEST TO REGISTER FOR BIOLOGY 3993: Laboratory Teaching Experience

**Instructions:** Complete this form and take it to the instructor of the course you wish to participate in. Once you have discussed this, received the faculty approval, and signature, bring this form to the department secretary for an override number.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Number of credits requested for BIOL 3993:** \_\_\_\_\_

**Course (i.e., BIOL 1011, General Biology I):** \_\_\_\_\_

**Semester (circle one):**    Fall    Spring    SS

**Total number of credits you have completed:** \_\_\_\_\_ *(not including current enrollment)*

**Biology and Related Courses Completed**

**Credits**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Lab Section Assigned** \_\_\_\_\_

**Supervising Faculty Name (print):** \_\_\_\_\_

**Supervising Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Course Override Assigned**