

Undergrad Research (BIOL 499) Contract

See <http://www.biology.iastate.edu/undergraduate-research-experience-biol-499> for more info

Student Information

Name: _____ ID Number: _____

E-mail Address: _____

Course Instructor Information

Name: _____ Phone: _____

E-mail Address: _____

BIOL 499 Course Format

Semester of Enrollment (check one): Fall Spring Summer Year: _____

Select how many credits this course will be taken for (check one):

1 credit 2 credits 3 credits

Select the grading format for this course (check one):

Letter Grade Satisfactory-Fail

Describe the duties and responsibilities of this research experience:

Describe the format of your final report:

Initial Draft of this product is due on: _____

Final Draft of this product is due on: _____

Signatures

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Received by Student Services office on: _____