

Independent Study (BIOL 490) Contract

See <http://www.biology.iastate.edu/independent-study-biol-490> for more info about BIOL 490

Student Information

Name: _____ ID Number: _____

E-mail Address: _____

Course Instructor Information

Name: _____ Phone: _____

E-mail Address: _____

BIOL 490 Course Format

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

Select the grading format for this 1 credit course (check one):

Letter Grade Satisfactory-Fail

Describe the study topic for this course and the product to be graded:

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: _____