BIOL 599
COURSE PROPOSAL FORM

Semester _____ Year_____ Credit Hours (1-3)___

Name:	ID	Local Phone:
Local Address:	E-mail:	

Research Sponsor Information

Name:	Phone:
Campus Address:	Email
Signature:	Date:

Project Description

Title:
Abstract:
Basis of Grading

Endorsements:

_____ _____
Student **Date**

_____ _____
Member of Advisory Committee **Date**

_____ _____
Member of Advisory Committee **Date**

_____ _____
Chair of Biology **Date**