

CONSENT FORM FOR BI 470 DIRECTED RESEARCH

This form must be completed by student, including the gathering of signatures, and turned into the Records Office by the day of registration for the semester in which you wish to take BI 470

Student name: \_\_\_\_\_

Faculty sponsor: \_\_\_\_\_

Off-campus sponsor: \_\_\_\_\_  
(if applicable)

Research topic (can be general, and may be subject to change): \_\_\_\_\_  
\_\_\_\_\_

Term and year taking BI 470: \_\_\_\_\_

BI 470 course section (A or B) and days/hours: \_\_\_\_\_

BI 470 course facilitator: \_\_\_\_\_

Anticipated term and year in which you will complete BI 472: \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Off-campus sponsor signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Faculty sponsor signature: \_\_\_\_\_ Date \_\_\_\_\_

BI 470 course instructor signature: \_\_\_\_\_  
Date \_\_\_\_\_