

Western Michigan University
Department of Biological Sciences
College of Arts and Sciences

APPLICATION FOR PERMISSION TO ELECT

Please check one course:

CRN: _____

BIOS 6010 Special Investigations, 1-6 hours

BIOS 6990 Laboratory Rotations, 1-4 hours

Graduate Level _____ Credit Hours _____

Semester _____ Year _____ WIN# _____

Last Name _____

First Name _____

Address _____

City, State, Zip _____

E-mail (must be wmich.edu) _____

Description of study _____

Name of Interning Organization _____

Name of Supervisor (print) _____

I understand that, according to federal law, all research involving either human subject or vertebrate animals must have prior approval of the WMU Human Subject Institutional Review Board and/or the Animal Care and Use Committee.

Signature of Student

Signature of Faculty Member

Approval to Banner

Distribution: (By Student) Registration, Department, Faculty Sponsor, Graduate Advisor, Student.

Rev: 8/2018