

**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