Instructions: Complete this form with the Biology faculty member with whom you will be working. Please print in ink. Return completed form to 214 Shoemaker Hall (main office) to add this to your schedule.

BISC 200, Section ________ (office staff will add section) Semester ______________________________

Student Name: ____________________________Student ID#: ____________________________

Student email address: _________________________________@go.olemiss.edu

Faculty Supervisor: _________________________________________________________________

Expected hours to work weekly: ______________________________________________________

General description of duties and goals of this research experience:

Student Signature and date: __________________________________________________________

Faculty Supervisor Signature and date: ________________________________________________

Department Chair Signature and date: ________________________________________________

All students MUST attend and complete Biological and Chemical Health and Safety Training PRIOR to working in labs. Please schedule by calling: 662-915-5433 and visit the website: safety.olemiss.edu to print materials needed for the class.