

Department of Biology – University of Mississippi
Bisc 200 – Research Experience – Syllabus (zero credits)

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: _____