

BIOLOGY 5999 - Independent Study APPLICATION FOR REGISTRATION

Name: _____ School _____
 Last First MI

Penn ID # _____ Email _____

Applying for BIOL 5999: Registration for BIOL 5999 is by permit only. The Biology Academic Office in Leidy 102 will issue section numbers for those permitted to enroll in the course. This form must be signed by your sponsor (the person in whose lab you are working) and the Program director (Dr. Brisson).

Guidelines for BIOL 5999: Prior to enrollment in independent study, the **faculty sponsor** and **student** must agree to the following policies by signing this document.

1. Faculty sponsors must agree that the student can use all data generated during the project in preparing the required Master's thesis. BIOL 5999 students cannot work on projects in which data will be withheld due to commercial agreements or any other barrier to free dissemination of information.
2. Projects that have a strictly clinical focus are usually not suitable for BIOL 5999 research.
3. Students must be trained in laboratory safety, radiation safety, and care of animals when relevant. The faculty sponsor is responsible for ensuring that the student receives this training.
4. BIOL 5999 consists of 500 research hours which can include reading, laboratory/field research time, meetings with research mentors, seminars approved by the faculty sponsor, and Thesis preparation when applicable. Students cannot be paid for hours that fulfill BIOL 5999 requirements.
5. The research mentor and student must conduct an exit interview at the culmination of the research experience. During this meeting, the research mentor must provide the student with a completed evaluation form and discuss the possibility of the student continuing research with the research mentor. The form should be returned to the academic office. In the case of co-sponsorship, the faculty sponsor should discuss grading with the primary research mentor.
6. Grades for BIOL 5999 will be decided by the Faculty sponsor upon completion of the required research hours.
7. Sponsors may not waive any of the above requirements.

We acknowledge and agree to follow the policies outlined above.

Student Signature_____
Sponsor's Name and Position/Department
(must be a member of the Biology Graduate group)_____
Signature_____
Sponsor's e-mail address_____
Program Director Signature

Copies of the signed agreement will be sent by e-mail to the student and sponsor for your records.