DEPARTMENT OF BIOLOGICAL SCIENCES

REQUEST FOR REGISTRATION IN DIRECTED READINGS IN BIOLOGY

Student Name: _____ Student Number: _____

Degree: _____ Semester of Directi rse you are registering in.

Be aware of the credit hours assigned to the weight of the course. Tick only one course.

BISCoS ! BISC 890-3 !

Please attach a course outline to this form

The outline should include:

- ¥ Purpose of the course
- ¥ Specific learning objectives
- ¥ How the course will be graded