

DEPARTMENT OF ORGANISMAL BIOLOGY AND ECOLOGY
PETITION FOR OFF-CAMPUS RESEARCH CREDIT
BE309 OR 409

Instructions: This petition requesting Off-Campus credit for a BE309/409 research project is to be completed in full and handed to the Chair or Associate Chair of the Department of OBE, BY THE BEGINNING OF THE ACADEMIC BLOCK PRIOR TO THE INTENDED STARTING DATE OF THE PROJECT. This deadline is enforced. Please do not ask for an exception!

Research directly supervised by a member of the CC OBE faculty does not require this departmental petition. See the OBE Majors' Handbook for guidelines on off-campus studies, research and transfer credit. Print or type the information below. Only one unit of off-campus research credit (BE309 or 409) may be counted for the OBE major. Except for the ACM program, a maximum of two off-campus units may be counted toward the major, only one of these may be BE309 or 409.

Name of Applicant _____ Date _____

Local Address _____ Phone _____

Credit desired: BE309 or 409 (circle one)

Do you have (or have you requested) other off-campus credit for the major? _____ If yes, explain below:

Class standing of applicant: _____ Name of your academic advisor: _____

Is this course needed for graduation? _____ For the OBE Major? _____

Courses (numbers) completed toward the OBE major: (attach a COPY of your transcript) _____

Has the registrar approved all-college credit for this study? _____

Explain:

Attach a concise and comprehensive description of the off-campus study to be done (you should type your answer on a separate page and attach to this form - one page maximum).

Method of summarizing the results of the off-campus study (see major's handbook). You may answer below or on a separate page as above.

Location of off-campus research _____ Dates of research _____

Name, title, address, and telephone number of person at that institution who will supervise and evaluate your research (see back also):

Name & Title: _____

Address: _____

Telephone: _____ Fax: _____

TO BE COMPLETED BY PERSON SUPERVISING THE RESEARCH OFF CAMPUS

Are you willing to sponsor, supervise and evaluate the student research project proposed above? _____

Are you willing to submit a written evaluation of the student's research project after its completion? _____ Please explain the nature of your intended evaluation:

Are adequate research facilities, supplies and support available for the student to undertake the project? _____ Explain briefly, as necessary:

Additional comments (please attach a letter if needed):

Off-campus supervisor signature Date

TO BE COMPLETED BY THE STUDENT

I understand and agree to the OBE Department guidelines for off-campus research and to the requirements and evaluation methods set by the CC OBE Department and my on-campus advisor:

Student signature Date

TO BE COMPLETED BY THE CC FACULTY SPONSOR AFTER ABOVE IS COMPLETED

As this student's on-campus advisor, I have evaluated this student's proposal and am willing to administer the study for the department. I agree to evaluate the research and submit a grade for the BE309 or 409 credit to the registrar. The student will enroll in the BE309 or 409 under my name.

CC OBE Faculty supervisor signature Date

TO BE COMPLETED AFTER THE STUDY, BY THE CC OBE FACULTY SPONSOR

I certify the student has successfully completed all requirements and should receive a unit of credit for the study.

Credit received: BE309 or BE409 (circle one)

CC OBE Faculty supervisor signature Date

FOR DEPARTMENT USE ONLY--DO NOT WRITE BELOW THIS LINE

Date Application Filed: _____ Request for: _____

Application: Approved Denied
Comments:

Unit of BE309 or BE409 credit granted: _____