MB&B RESEARCH COURSE REGISTRATION FORM

Alan Garen, Instructor in Charge

This form must be completed and submitted with all required signatures by the date on which the student’s course schedule is due. A one-paragraph summary of the research project to be undertaken must be attached to this form. It is recommended that you make a copy of this form of your files.

Submit the form to: DUS registrar Elizabeth Vellali, SHM CE26A

STUDENT: Name:_________________________________________ Class:________
I.D.#:______________ College:____________________________________
Tel:_________________ E-Mail:____________________________________

RESEARCH SUPERVISOR: Name:________________________ Department:________
Campus Address:_______________________________________________
Tel:_________ FAX:_________ E-mail:________________________

COURSE: MB&B 470a__ MB&B 471b__ (single credit)
         MB&B 478a__ MB&B 479b__ (double credit)

By signing this form, the student agrees to submit a four page research proposal, to complete by the last date of the Yale College Reading Period the work arranged with the Research Supervisor, to give a group seminar in the group of the Research Supervisor, and to submit a 10-15 page report of the laboratory work to the Research Supervisor and to the Instructor in charge. The Research Supervisor agrees to supply a grade to the Instructor in Charge by the middle of the examination period, as specified in the Yale College Programs of Study. If a grade is not supplied at that time and the student’s College Dean has not authorized late submission of work, a grade of Incomplete will be sent to the Registrar’s Office. By the rules of Yale College, if an instructor reports a mark of incomplete for which there has been no authorization by the College Dean, the incomplete will be reported by the Registrar’s Office as a grade of F.

SIGNATURES

Student: ________________________________________________ Date:__________

Research Supervisor: ______________________________________ Date:__________

MB&B Faculty Advisor: ________________________________ Date:__________