

College of Agriculture and Life Sciences

Independent Study, Research, Teaching or Internship Course Registration Form*

IMPORTANT: This form must be submitted to 140 Roberts Hall by the "Add" deadline in order for you to be properly registered for the course.

*This form is NOT to be used for BIO G 299 and BIO G 499.

Go to 216 Stimson or <http://www.bio.cornell.edu/forms/> for more information

_____		_____
PRINT Name (Last, First, MI)		Term & Year
_____	_____	_____
Social Security Number	College (AG, etc.)	Local Telephone Number
_____	_____	_____
Course Title		Course Dept. & Number (AN SC)

Course Description (Must be completed):

Number of hours per week required: _____

Number of credit hours to be awarded: _____ Grade Option: Letter S/U

NOTE: A guideline for credit is three hours of work per week throughout the term equals one credit hour.

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If you have an off-campus supervisor for this work, please complete.

Name: _____

Address: _____

Phone: _____

<u>Faculty Member Responsible for Grade</u> College of Agriculture & Life Sciences faculty only	<u>Faculty Advisor</u>
_____ Signature	_____ Signature
_____ Name (Please Print)	_____ Name (Please Print)
_____ Phone Number	_____