****STUDENT'S RESPONSIBILITY TO REGISTER – NOT THAT OF THE DEPARTMENT OFFICE****

California State University, Fresno
Department of Biology

Phone # _____

Fresno State Email: _____

Independent Study Approval Form

To register for independent study, complete this form. Obtain the signature of your instructor. Turn the form in to the Biology Department. The department staff will obtain the department chair's signature. After the department chair has signed the form, the department staff will issue you a class number and a permission number. When you receive the class number and the permission number you may then register online. The original form remains in the department office.

Please print:

_____ _____

Last Name First Name

Student ID Number: _____ Fall ☐ Spring ☐ Year: _____

BIOL _____ Units: _____ (1-3 Units) **Syllabus attached** ___

Course (**190** or **290**)

Instructor: _____

1. Check below in which sense the proposed independent study project conforms to Item 1 of the Regulations for Independent Study.
   ☐ Desire to pursue information not covered in a regular course.
   ☐ Desire to study a special area in greater depth than is given in a regular course.
2. Describe briefly the nature of the independent study project to be undertaken and, if possible at this time, the title of the paper.

3. The above student has an overall grade point average of 3.0 or higher.

   _____ _____

   Signature of Supervising Instructor Signature of Department Chair

4. Although the above student lacks a 3.0 overall grade point average, it is my belief that he/she will benefit from this study.

   _____ _____

   Signature of Supervising Instructor Signature of Department Chair

Independent Study class# and permission# to be filled out by Biology Department:

Independent Study Class # _____ Permission # _____