



Department of Biology

2900 Bedford Ave. • Brooklyn, NY 11210
TEL 718-951-5396 • FAX 718-951-4659

<http://www.brooklyn.cuny.edu/pub/departments/biology/>

DEPARTMENT OF BIOLOGY

Laboratory Research in Biol 5001 & 5002 Courses

REQUIRES PERMISSION FROM THE RESEARCH COURSE INSTRUCTOR AND THE CHAIRPERSON OF THE DEPARTMENT

Pre-requisite of Biol 5001: Biology 1001 and Biology 1002 and permission of the sponsoring faculty member and the department chairperson.

Pre-requisite of Biol 5002: Biology 5001 and permission of the sponsoring faculty member and the department chairperson.

Students must fill out first portion of this form and have it signed by the Instructor.
Students cannot take 5001-5003, 5010-5014 together in the same semester!

Student's Name: _____

CUNY First ID: _____

Email: _____

Phone: _____

Semester: Fall _____, Spring _____, Summer _____

Course: Biol 5001 _____, Biol 5002 _____

Descriptive title of the research to be performed:

Instructor Name & Signature: _____ Date: _____

Chairperson Signature: _____ Date: _____