CRN_____

CRSE

REQUEST FOR: **<u>Lab Rotation (check one)</u>**
BCB 506 Lab Experience in Biology
BCB 507 Lab Experience in CS
BCB 508 Lab Experience in Math/Stats

DATE: _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

INSTRUCTOR: _____
(section will be opened under the supervisory instructor's name)

SEMESTER TO BE COMPLETED:_____

SPECIFIC STUDENT RESPONSIBILITIES:

BASIS OF EVALUATION OF KNOWLEDGE:

Signed: _____
Student Signature

Signed: _____
Instructor Signature

Signed: _____
Major Professor Signature

Signed: _____
BCB Director Signature

***Return completed form to Amy Kingston at bcb@uidaho.edu.**