CRN_____

CRSE_____SECT____

FOR OFFICE USE ONLY

_____

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

Amy Kingston at bcb@uidaho.edu.