

<b>Semester:</b>	

## Department of Biology UNDERGRADUATE RESEARCH REGISTRATION FORM

Student Name:			
Last		First • 1 to 3 credits per course	
CUNYfirst ID (8 digits):	Phone:	• An assessment (e.g. report, presentation, demonstration) will	
E9.		be assigned by your mentor	
Email:		<u>recommended for</u>	
Declared Major:	Senior standing?	undergraduate researchers	
G # 200 201 205	N 1 0 11		
<b>Course #:</b> 390 391 395 396	Number of credit	s:	
Mentor:			
Project Title:			
Previous biology research courses taken	at Queens College: 390	391 395 396 Other:	
I understand my mentor's expectations f	for this research course.		
Student Signature		Date	
This student will carry out research under my supervision.			
Mentor Signature		Date	