



Semester: _____

Department of Biology
GRADUATE RESEARCH REGISTRATION FORM

PRINT Student Name
(FIRST then LAST)

CUNYfirst ID #
(Not Your SS#)

Telephone Number

QC E-mail Address: _____

<u>Code</u>	<u>Section</u>	<u>Course #</u>	<u># of Credits</u>	<u>Course Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I consent to being registered for this course.

Student Signature Date

I will allow this student to register for the above mentioned research course.

Mentor Name (please print)

Mentor Signature Date