

BIOSC 1904 HONORS UNDERGRADUATE RESEARCH EXTERNAL LAB

STUDENT NAME	PEOPLE SOFT ID #					
LOCAL PHONE		EMAIL				
TERM	YEAR	F (*	HOURS/WEEK ~5/wk = 1 credit) _		# of CREDITS (S/NC Grade Only)	
SITE DETAILS: COMPANY/ORGAN	NIZATION NAME					
SUPERVISOR'S N	AME/TITLE					
ADDRESS						
CITY					STATE	ZIP
PHONE	EMAIL					
TITLE OF PROJEC	FT:					
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	R RESPONSIBILITIES: Ident will be supervised and eva	luated.)	FACULTY CO-	SPONS	OLOGICAL SCIEN SOR RESPONSIBI It will be supervised a	LITIES:
Supervisor Initials:			 Co-Sponsor Initial:	s: _		
Student Initials:						

For instructions on how to submit the completed form, go to this website: https://www.biology.pitt.edu/undergraduate/forms#SpecialtyEnrollmentForms