

Bachelor of Individualized Study
Permission to Register for BIS 489 Directed Readings/Research
(Please Print)

Student

Student name: _____ G #: _____

BIS 489 for the _____ Term: _____ Readings Research

Title | _____
 Fall/Spring/Summer
(Limited to 30 Characters Including Spaces)

Credit Hours (1 – 3) _____ Permission submitted on: _____

I have read the Information and Guidelines for BIS 489 Directed Readings/Research. I agree to follow the policies and procedures outlined within it.

Student Signature: _____ Date _____

Phone Number: _____

Faculty Mentor

Name: _____ Email: _____

Signature: _____ Date _____

Department: _____ G # (Adjunct faculty) _____

Brief Description of readings/research to be undertaken and final academic product (include proposed bibliography):

BIS Director

Director signature: _____ Date _____