

Office of the Registrar
SUNY Oneonta

APPLICATION FOR DIRECTED RESEARCH (BIOLOGY 696)

Name: _____ Student I.D. Number: **A** _____

Date: _____

Term: _____ Year: _____
(summer, fall, spring, winter)

Semester hours: _____

Student signature verifying that above information is accurate: _____

APPROVED:

Instructor

Date

Advisor

Date

Department Chair

Date

Divisional Dean

Date

**RETURN COMPLETED FORM, BEARING ALL SIGNATURES,
TO THE REGISTRAR'S OFFICE, NETZER 130**