BIO Research Course Permission Form

Stony Brook undergraduates can receive academic credit for doing research by registering for a BIO Research course under the supervision of an approved faculty member. Research courses are available in four different areas: Biology and Society (BIO 484); Neurobiology and Behavior (BIO 486); Molecular, Cellular and Developmental Biology (BIO 487); and Ecology and Evolution (BIO 489). All BIO research courses are graded on an S/U basis. For Biology majors, two semesters in a BIO research course for a total of at least 4 credits can replace the requirement for one advanced laboratory course elective.

All undergraduate researchers at Stony Brook must complete the CITI training module on the Responsible Conduct of Research (www.citiprogram.org). Nearly all students doing BIO Research will also be required to complete the Laboratory Safety- Chemical Hazards (ELS 002) and Laboratory Safety-Biological Hazards (ELS 003) courses offered from Environmental Health and Safety through Blackboard.

This form should be submitted with the appropriate signatures, along with Student Reflection, to Room 109 in the Undergraduate Biology Main Office no later than the second week of the semester. Once permission is given by Undergraduate Biology on SOLAR, the student must register for academic credit.

Name ______________________________________ Stony Brook ID ______________________________

Major ____________________________ SBU Matriculation Term (Ex. Fall 2019) _________________

Student Email __________________________ Faculty Sponsor______________________________

Semester______________________________ Course _________________________________

Credits ____________________________ Section ____________________________

Credit guideline: 1 credit corresponds to 3 hours of effort per week during the semester in the academic year (Fall/Spring) or 135 total hours per semester. Special justification is required in order to obtain permission to register for more than 3 credits in a semester.

Project Title

___________________________________________________________________________________________

What additional training, if any, must the student complete in order to participate in this research project?

___________________________________________________________________________________________

Learning Objectives: What skills/knowledge do you hope to gain from this experience? Check all that apply.

___ develop problem solving skills
___ work independently, setting goals and managing time
___ work effectively with a team
___ develop communication skills
___ improve knowledge of your discipline and/or future profession
___ acquire discipline-specific skills (e.g., computer, research skills)
___ other: ____________________________________________
BIO Research Course Permission Form

Student Reflection

Please attach to this form a typed, approximately one-page summary that addresses the following points. Please discuss your answers with your Faculty Sponsor:

1. Describe your responsibilities. How many hours per week will you be spending in the lab?
2. How do you expect this activity will contribute to your development—academic, professional, intellectual, other?
3. How do you expect to contribute to the goals of the organization or project?
4. How will you record what you are doing and reflect upon what you are learning? (e.g. lab notebooks, journal, blog, emails to academic mentor)
5. How will you synthesize/present outcomes and reflect upon what you have learned?
6. How will the academic mentor (and on-site supervisor if applicable) provide feedback during and at the end of the semester?

For faculty: The academic mentor/sponsor is responsible for submitting student grades at the end of the semester.

________________________________________________  __________________________________________________
Signature of Academic Mentor/Sponsor                  Date                                      Printed Name of Academic Mentor/Sponsor

________________________________________________  __________________________________________________
Department                                              Title

________________________________________________  __________________________________________________
Email Address                                          Phone Number

________________________________________________  __________________________________________________
Signature of Site Supervisor (if applicable)            Date                                      Printed Name of Site Supervisor (if applicable)

________________________________________________  __________________________________________________
Signature of Student                                    Date                                      Signature of UG Program Director/Coordinator  Date