

**BIOG 2990/4990 Independent Research
Credit Hour Change Request Form**

Student's Name _____

Course (circle one): BIOG 2990 or BIOG 4990

Phone # _____ Email _____

CUID _____

College _____ Graduation Date _____

Major _____ Program of Study _____

Research Supervisor:

Name _____ Email _____

Department _____

Hours/Credits:

I am currently working _____ hours per week in the lab for _____ credits.

I will be working _____ hours per week in the lab for _____ credits.

Please process this credit hour change.

Student's Signature

Research Supervisor's Signature

Date