

# BIOCHEMISTRY MDSC: BCH 98-I Enrollment Request Form

TO: Professor Bobadilla, BCH 98-I Instructor  
RE: Enrollment in BCH 98-I (MDSC Emphasis)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Class Level

Phone #: \_\_\_\_\_ Expected Graduation Year and Quarter: \_\_\_\_\_ F W S U

## REQUESTING ENROLLMENT IN BCH 98-I (1 UNIT)

Quarter Requesting Enrollment: \_\_\_\_\_ F W S U

Number of Hours To Be Completed at End of Quarter: \_\_\_\_\_ (Minimum of 30 hours required at end of enrolled quarter)

Professional Field of Interest: \_\_\_\_\_ (e.g., Pharmacy, Optometry, Dentistry, etc.)

### INTERNSHIP WORK LOCATION INFORMATION:

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe the objective and nature of the internship activities:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

In requesting enrollment in the BCH 98-I course, I acknowledge that I must complete the following:

1. Provide completed BCH 98-I enrollment request form to my academic advisor prior to the end of Week Two of the quarter.
2. Will have completed at least 30 hours of volunteer work at the indicated location by the end of the enrolled quarter.
3. Provide any changes to the status of my volunteer work to my academic advisor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Approved: \_\_\_\_\_ -- \_\_\_\_\_  
(Signed by BCH 98-I instructor) Date

Date Received to CNAS Advisor: \_\_\_\_\_ # of Attachments: \_\_\_\_\_