

BIOCHEMISTRY MDSC: BCH 98-I Enrollment Request Form

TO: Professor Radi, 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: _____