

DUKE UNIVERSITY MEDICAL CENTER

Department of Cell Biology

Email: _____

Duke ID #: _____

CellBio493: Independent Study in Cell Biology

Student _____ Student ID # _____ Class: Fr ___ Soph ___ Jr ___ Sr ___

NB: Freshmen and rising Sophomores require email permission from their academic dean to enroll in CellBio493.

Lab Tel # _____ Cell phone # _____ Covid test date _____

Semester: Fall ___ Spring ___ SSI ___ SSII ___ Lab Address: Rm _____ Bldg _____

Faculty Instructor: _____ Signature: _____

TITLE OF PROJECT (2-3 words):

Plan for Semester (2-3 sentences; what do you plan to accomplish this semester or term?):

Evaluation criteria (what will your final grade be based on?):

Work in lab _____ hrs/wk

Work outside lab _____ hrs/wk

Meetings with PI, frequency _____

Meetings with supervisor, frequency _____

Attendance at lab meetings? _____

Other _____

Final product: Written paper _____

Presentation _____

Poster _____

Other _____

Abstract (must be written by student; edits/comments by others permitted): Print on reverse side

Section # _____

Permission # _____

Approved, Director of Undergraduate Students _____

Sharyn A Endow, PhD

Date