

**FISH 600**  
**Graduate Research (1-10 cr., 15 max.)**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student #** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Quarter/Year of Research:** \_\_\_\_\_ **No. credits:** \_\_\_\_\_ **CR/NC** \_\_\_ **Graded** \_\_\_

**Faculty Sponsor:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of independent project/internship:**

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

**Approval of responsible faculty:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return the signed form to Fisheries Student Services Office (SSO). This form will remain on file in SSO.*