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.