



Communities of Practice: B M B 488 Approval Form

STUDENT NAME: _____

PSU ID: _____ MAJOR: _____

EMAIL: _____ Class Standing _____
(Freshmen, Sophomore, Junior, Senior)

SEMESTER: FALL SPRING

CLASS NUMBER: _____
(5 digit class number as found on search for classes in LionPATH)

SIGNATURE OF RESEARCH ADVISER

SIGNATURE OF BMB 488 INSTRUCTOR

Return form to 107 Althouse before the end of the regular add period of the semester you are planning to register for 488. Additional information is available at <http://bmb.psu.edu/undergraduate/research-opportunities/communities-of-practice>.