

SAN DIEGO STATE UNIVERSITY  
Bioinformatics and Medical Informatics Graduate Program

*REQUEST FOR PERMISSION TO ENROLL IN  
SPECIAL STUDY COURSES*

NAME (*PRINT last name, first*)

	<i>PRINT</i>	<i>LAST NAME</i>	
ADDRESS			<i>FIRST NAME</i> TELE

RED ID#	EMAIL
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MAJOR	DATE
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**DIRECTIONS:**

1. Complete this form with the faculty member who will supervise your Special Study course.
2. Obtain the necessary signatures for approval of the Special Study course.
3. Return the completed form to the Dept. Office to obtain the restricted Schedule No. or Add Code.
4. Original form is retained by the Dept. Office (copy given to supervisor and student).

*Indicate number of units for Special Study course in box below:*

	<b>796 Thesis Proposal</b>	<b>797 Research</b>	<b>798 Special Study</b>
<b>BIOMI</b>			

Schedule No. \_\_\_\_\_ Add Code \_\_\_\_\_

<i>SUPERVISOR NAME (required)</i>	SEMESTER/YEAR
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Graduate students only: Is this course listed on your official program? YES \_\_\_ NO \_\_\_

TITLE OF PROJECT \_\_\_\_\_

Describe briefly the nature of the study as to methodology and content:

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED: Supervisor:	Grad Advisor:	Dept:
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