SAN DIEGO STATE UNIVERSITY
Bioinformatics and Medical Informatics Graduate Program

REQUEST FOR PERMISSION TO ENROLL IN
SPECIAL STUDY COURSES

NAME (PRINT last name, first)

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ADDRESS

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RED ID# EMAIL

MAJOR DATE

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:

<table>
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<th>796</th>
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<tr>
<td>Thesis Proposal</td>
<td>Research</td>
<td>Special Study</td>
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BIOMI

Schedule No. Add Code

SUPERVISOR NAME (required) SEMESTER/YEAR

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:

Rev: 08/14 ae