

CAPSTONE CONTRACT FORM

*****This contract should be completed by the student and their course instructor, mentor, Health Professions Advisor, Community Partner supervisor, etc. and then submitted to the Capstone Coordinator before permission will be given enroll in BIO 4840 Capstone.**

Student Name: _____ Student ID Number: _____

Student Email: _____ Student Telephone #: _____

Mentoring Professor/Other: _____ Email: _____ Ext#: _____

Year: _____ Semester: _____

Description of the Capstone Experience

Student's Responsibilities/tasks:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that in addition to completing the requirements listed above, I must **ALSO** enroll in BIO 4840, Capstone.

I understand that in addition to the requirements listed above, I must submit the reflective writing piece by the deadline.

Signature of Professor/Mentor: _____ Date: _____

Signature of Student: _____ Date: _____

Do not write below this line – limited to Capstone Coordinator

Verified if any DSS required and if in place – Needed Y___ N___ Date: _____

International Student – CPT for signed Y___ N___ Date: _____

INSTRUCTOR PERMISSION TO ENROLL IN BIOLOGY CAPSTONE COURSE 4840

Steps in obtaining permission to enroll (student):

1. Complete the Capstone Contract Form
2. Complete the below portion of this form
3. Turn in both completed forms to the Dept. of Biology (Howell Hall, room 200)

The following student has instructor permission to enroll in:

Biology Capstone course 4840, CRN#: _____ Year: _____ Semester: _____

Student Classification (circle): Freshman Sophomore Junior Senior

Student ID #: _____ Student Name: _____

UCO Email: _____ Phone #: _____

Capstone Coordinator: _____ Date: _____