

**DEPARTMENT OF BIOLOGICAL SCIENCES  
STUDENT REGISTRATION REQUEST FORM  
BIOL 4950 (Senior Seminar)**

TODAY'S DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT USERID (AU email address): \_\_\_\_\_

SEMESTER IN WHICH YOU ARE GRADUATING: \_\_\_\_\_

MAJOR: \_\_\_\_\_ GPA: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

**Students: Please return completed form to Michele Smith, Room 101, Rouse Life Sciences Building.**