

GROUP STUDY - ENTOMOLOGY 298

CRN: _____

_____ TERM, 200_____

**INSTRUCTOR: Please complete and submit form to Department Office prior to first day of instruction.
Form must be completed prior to deadline for adding courses (10th day of instructor).**

Instructor: _____

Student's name: _____ **SS#** _____

Subject (Title and brief description) _____ **Units:** _____

Justification: _____

Grading: _____ **Examination:** _____ **Paper:** _____ **Other:** _____

Explain if other: _____

Estimate number of students: _____

Time, Day, and Place of class meeting: _____

SIGNATURES:

Instructor's name & Date

Dept. Chair & Date