Instructor Permission / Request to Enroll

DVM599, Undergraduate Research Experience

Student Name: _____ _____ _____
Last First Email

Student WID: _____

CVM Faculty Mentor: _____ _____ _____
Last First Email

Year: _____ Term: _____

Undergraduate College: _____

Undergraduate Major: _____

Special Program: _____

If 'Other', please specify: _____

Complete this form, save a copy for your records, and send the completed form as an email attachment with the subject heading "DVM 599 Permission" to bschultz@vet.ksu.edu

Thanks!