



COLLEGE OF ARTS AND SCIENCES
PROGRAM IN BIOINFORMATICS

PERMISSION TO REGISTER
BIOI 399: Bioinformatics Research
(Restricted to Bioinformatics Majors)
(1-4 credit hours; may be repeated for

Emphasis on the investigation of a molecular biological or biochemical question utilizing bioinformatics tools and/or strategies. Projects may be 1) primarily experimental in nature in which biostatistical and/or biocomputing evaluation play an important part; 2) primarily computational, in nature in which molecular data generated by others or theoretical models are analyzed by appropriate biocomputational tools; 3) primarily statistical in nature in which molecular datasets generated by others or theoretical datasets is subjected to statistical analysis. All projects must have a clearly defined and coherent topic and objective, and students must generate an 8-15 page research report. An optional oral poster presentation at the project's completion in conjunction with related departmental undergraduate research symposia is encouraged and may be required by the faculty mentor.

Please type or print clearly.

Last Name First Name Loyola ID number

Class Standing Email Address Local Telephone Number

Year _____ **Term** _____ **Section # :** _____ **Class #:** _____ **Credit hours (1-4)* :** _____

*recommended minimum *total* project hours per credit hour: 40. Enrollment for 3-4 hours requires poster presentation.

Name(s) of Faculty Member(s) who will direct, supervise, and submit a final grade:

Title of Study: _____

Objective: _____

Submitted By: _____
Student Signature **Date**

To Be Completed By Faculty Member(s) listed above.

1. Does the above named student have the necessary coursework and/or experience to undertake this project? _____
2. What criteria will be used to evaluate the student's performance, other than the required final paper (e.g. attendance, group participation, data records, knowledge acquisition, poster presentation, etc.)?

Faculty Mentor Signature: _____ **Date:** _____

Faculty Mentor Signature: _____ **Date:** _____
(if applicable)

Bioinformatics Program Director Signature: _____ **Date:** _____

❖ **Approved** _____

❖ **Not Approved.** ___ **Reason:** _____