B.S. Pharmacology-Toxicology Program
Independent Study (699)
CONSENT and AUTHORIZATION FORM

B.S. Pharmacology-Toxicology students are required to complete a minimum 2-credit wet bench independent study to fulfill core requirements in the “PharmTox” curriculum. The program encourages students to complete this requirement in their junior year; students considering graduate school in the sciences are strongly advised to begin 699 work their first semester in the program and to aim to complete multiple semesters of independent study (which may convert to laboratory hourly employment on a case-by-case basis) to build their research backgrounds, mature in the laboratory, and ensure that a research-focused career is a good personal fit.

All 699s that are intended to count to meet the PharmTox curricular requirement must be approved by Professor Jeff Johnson via this form (see form, page 2). This form will also serve to facilitate 699 registration if you 699 will be hosted by a Pharmaceutical Sciences Division faculty member. Please return this form, when completed, to Ken Niemeyer, PharmTox academic advisor, in 7121 Rennebohm or to his SoP staff mailbox on the north side of the 1st floor of Rennebohm Hall. Ken will provide a copy for your records, if requested. For approved 699s based in a Pharmaceutical Sciences laboratory, students will receive an email from Ken with instructions indicating that he/she is authorized to enroll in the course; at that time, students may officially enroll online.

If you will be completing a 699 in another department/school/college on campus, you must deal directly with that other department/school/college to get registered for the course. The steps are the same in all cases, regardless of the hosting department—

(i) complete the reverse side of this form with the proposed sponsoring faculty member; then
(ii) deliver the form to Professor Jeff Johnson (Room 6125 Rennebohm Hall) for his approval and signature (or send to him via jajohnson@pharmacy.wisc.edu);
(iii) then, if approved, you may move ahead with the registration process.

If you have any questions about this process, contact Ken Niemeyer (kdniemeyer@pharmacy.wisc.edu; 608-262-4257).
(Student’s Name)  (Student’s email address)

has my permission to register for __ __ __-699, to be taken for ___ credits in the fall/spring/summer term.
(hosting department’s 3-digit code)  (circle one)

This independent study project should be completed by __________________________.
(date)

Student’s 10-digit campus ID#: __ __ __- __ __- __ __ __ __

DESCRIPTION AND REQUIREMENTS/EXPECTATIONS OF THIS PROJECT:

➢ Hypothesis of 699 project:

➢ Describe research to be done:

➢ Describe the Predicted Outcomes of the Research:

➢ Please specify any end-of-project student requirements (e.g. paper, oral presentation, etc.)

We have discussed this project and have agreed to the above description and requirements/expectations, and to the project deadline:

Student signature:____________________________________________________________________Date:______________________

Hosting Faculty member’s signature:________________________________________Date:____________________
Hosting Faculty member’s name (printed):________________________________________

____________________________Date:____________________

Professor of Pharmaceutical Sciences Jeff Johnson signature FOR OFFICE USE ONLY

form revised 6/17/13