Application for CMDB 211

Name: ____________________________________________
Department: ______________________________________
Major Professor: ________________________________
FAU: ___________________________________________ (used only to repair damage or breakage)
Email: __________________________________________
Phone: _________________________________________

In the space below summarize your experience with cell culture:

In the space below describe the stem cell project that you plan to undertake after completing the course. Be sure to include the type of stem cells you will be using in your project:

I certify that if I take this course I will be available for 8 hours/day for 5 consecutive days when the course it taught.

Print name: ____________________________________________