

INDEPENDENT STUDY PROJECT PROPOSAL
BOT 199
Course Outline

Student: Travis Holeso-Wolfe
Advisor: Ingelia White PhD
Date: Spring 2017
Title: Garden restoration

COURSE DESCRIPTION:

See description of Independent Study in the catalog.

COURSE OBJECTIVE:

Restoring the growth of medicinal plants at the Bioprocessing Medicinal Garden Complex at Windward Community College in Spring 2017.

METHOD OF INSTRUCTION:

The student will maintain the medicinal garden by weeding, mulching, and planting medicinal and nutritious plants during Spring 2017.

EVALUATION OF OBJECTIVE ACHIEVEMENT:

A satisfactory outcome is demonstrated by the completion of the works and research paper (in scientific format). The assignment of points is as follows:

Field work	100 points
Plant growth	100 points
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Total	200 points

METHOD OF GRADING:

A letter grade (A – F) will be awarded. Field work will be finished by April 12, 2017. Letter grades will be assigned based upon the percentage of total points as follows:

- A** 90% or above of the total possible points
- B** 80-89% of the total possible points
- C** 65-79% of the total possible points
- D** 55-64% of the total possible points
- F** Below 55% of total points; or informal or incomplete official withdrawal from the course.

PRE1EQUISITE:
BOT 105 and AG 152.

WINDWARD COMMUNITY COLLEGE
INDEPENDENT STUDY PROJECT PROPOSAL FORM

(Refer to current WCC Catalog for registration deadline)

(Please type or print clearly in black or blue ink)

Student's Name: Holeso-Wolfe Travis K ID #: 2201-5389
Last First MI

Mailing Address: 41-1442 Laukalo st.
Street

Waimanalo Hi 96795 Phone No.: 808-364-4581
City State Zip Code

Degree Objective: CA Agripharmatech Major: _____

General Project Information

Discipline BOT ☐ 99V ☒ 199V ☐ 299V No. of Credits: 1 (1 - 4) Grading Method: ☒ A-F ☐ CR-NC

Start date: 03/10/17 End date: 04/12/17 This project/study is an extension of: BOT 105
Course Number

Project Advisor: Inge White Contact Info: 236 9102

Title of Project (20 characters max):

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To be filled out by Vice Chancellor of Instruction's Office:

Course Alpha:	<u>BOT 199V</u>
CRN:	<u>64487</u>
Semester (Check One):	<input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Summer
Year:	<u>2017</u>


If no course exists, please give reasons why the project should be approved.

Required Signatures

Student:  Date 03/03/17

Project Advisor:  Date 03/03/17

Dept. Chair:  Approved ☒ Disapproved ☐ Date 3/10/17

Dean or Vice Chancellor of Instruction:  Approved ☒ Disapproved ☐ Date 3/13/17

To A&R 3/29/17