

INDEPENDENT STUDY PROJECT PROPOSAL
BOT 199
Course Outline

Student: Paul Inouye
Advisor: Ingelia White Ph.D.
Date: Spring 2017
Title: Medicinal Plant Cultivation

COURSE DESCRIPTION:

See description of Independent Study in the catalog.

COURSE OBJECTIVE:

Preparing land and planting medicinal plants at the Bioprocessing Medicinal Garden Complex for use in nutraceutical product manufacturing.

METHOD OF INSTRUCTION:

- Prepare the garden for planting
- Cultivating /nutritious plants in the medicinal garden
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EVALUATION OF OBJECTIVE ACHIEVEMENT:

A satisfactory outcome is demonstrated by the completion of labeling process. The assignment of points is as follows:

Journals/reading on medicinal plants	100 points
Land preparation	100 points
Plant cultivation	100 points

Total	300 points
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METHOD OF GRADING:

A letter grade (A – F) will be awarded. Finish products or label installation will be done no later than April 28, 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

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: Inouye Paul R ID #: 16221737
Last First MI
Mailing Address: 491 Ulumanu Dr.
Street
Kailua HI 96734 Phone No.: (808)783-2603
City State Zip Code
Degree Objective: Agripharmatech Major: _____

General Project Information

Discipline: BOT ☐ 99V ☒ 199V ☐ 299V No. of Credits: 4 (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: AG 152
Course Number

Project Advisor: Inge White Contact Info: X 102

Title of Project (20 characters max):

M E D I C I N A L P L A N T I D

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

Course Alpha: BOT 199V
CRN: 64488
Semester (Check One): ☐ Fall ☒ Spring ☐ Summer
Year: 2017

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

Required Signatures

Student: Paul Inouye Date: 3/24/17
Project Advisor: [Signature] Date: 3/28/17
Dept. Chair: [Signature] Approved ☒ Disapproved ☐ Date: 3/30/17
Dean or Vice Chancellor of Instruction: [Signature] Approved ☒ Disapproved ☐ Date: 3/30/17

To A&R 3/31/17