



Genetic Education Center Middle School Request Form

*Group size is limited to **32** students.

Teacher Information	School Informat	ion	
Name:	School and District:		
Phone:	Address:	Address:	
Email:	City, Zip:		
Planning period time:	School phone:		
Date Preference: The mobile labs are availab	ole for Tuesday, Wednesda	y, or Thursday visits.	
First date choice: Second da	ate choice:	Third date choice:	
Class grade level: ☐ 7th grade ☐ 8th	grade		
Number of students attending:	Expected arri	val time:	
Will any student require special services/wheelchai			
Requested Activity (max of two different act the most appropriate activity for student leve	· · · · · · · · · · · · · · · · · · ·	er to the <u>Module List</u> to select	
☐ NEW! Sasha the Cat's Genetic Disguise	☐ Allergies in a Nutshell	☐ Why Do People Look Different?	
☐ Gel Electrophoresis with Dyes	□ DNA Isolation	☐ Chromosomes and Karyotypes Be the Cytogeneticist	

Please return this form to Dr. Leta Tribble by email (LMT@ggc.org) or to Ashley LaVerdure (alaverdure@ggc.org). For any questions, call 864-943-4170 or 864-941-8173.