DATE ______________

Faculty you want to work for and email: ____________ ____________
CRN: (tbd by department) ________ Credit Hours ________ Term ________

Student Name: ___________________________ UIN: ______________
Email address: ___________________________ Phone #: ____________

290 Research Topic if any:
Name of 290 Research Faculty Semester/year Topic of Research Project
____________________ __________ ____________________________
____________________ __________ ____________________________

Thesis Project/ Activities and how research will be graded (to be completed by both lab advisor and student)
_________________________________________________ __________________
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_________________________________________________ __________________
(Student Signature) (Date)

I agree to add this student to my lab for BIOC 492 Senior Research.
_________________________________________________ __________________
(Lab Advisor Signature) (Date)

_________________________________________________ __________________
(Department Signature) (Date)

Submit one copy to the Biochemistry Student Academic Affairs Office, 419 RAL
(jmgoldbe@illinois.edu).

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