LEARNING AGREEMENT -- BIOCH 199 – Literature/Library Project
(Note: 1 semester only per form) [please print]

Student Name: _____________________________ UIN: _____________________________
E-mail address: ___________________________ Phone #: ___________________________
Faculty Supervisor: ____________________________ Major: ___________________________
 CRN: (tbd by department) ___________________________

Project/Activities (to be completed by both faculty supervisor & student):
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Means of Evaluation (to be completed by faculty supervisor; be specific):
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Credit Awarded: ____________________________ (1-5 hrs) for Semester: ____________________________
 (# of Hours requested) (Fall, Spring, or Summer + YEAR)

Approved: ____________________________
(Student Signature) (Date)

(1st Faculty Signature) (Date)

(2nd Faculty Signature) - Optional (Date)

(Dept. Head Signature) (Date)

Return completed form to room 420B RAL no later than the 1st week of class for desired term.