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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(I agree to add this student to my lab for BIOC 492 Senior Research.)

________________________________________________________________________

(Lab Advisor Signature)  (Date)

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