BIOC 492 – BIOCHEMISTRY SENIOR RESEARCH – STUDENT LEARNING AGREEMENT
(Please type or print)

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)

_____________________________________________________________________________________ ____________________________

(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 417 RAL (hantak@illinois.edu).

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