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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