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 Hou	rs	
Student Name:Email address:	UIN Pho	N: one #:	
290 Research Topic <i>if any</i> : Name of 290 Research Faculty Semester/year	Topic of Research Pro		
Thesis Project/ Activities and how research and student)		e completed	
(Student Signature)		(Date)	
I agree to add this student to my lab for BIOC 4	192 Senior Research.		
(Lab Advisor Signature)		(Date)	
(Department Signature)		(Date)	

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