Boston College Biology Department  
College of Arts & Sciences  

Senior Thesis Course Contract

Student Name: ________________________________  Class Year: __________ 

EagleID ________________________________

Major(s): ________________________________

Research Advisor (submits grade): ________________________________

Please fill out the following sections as appropriate:

1. List key deadlines

2. Criteria for evaluating the final written thesis.

3. Additional Comments:

Both student and instructor should sign to acknowledge agreement and understanding of the terms above.

NOTES:
1. Signing this form acknowledges that the work for course credit cannot be part of paid employment.
2. Two semesters of UG research for credit in the same laboratory must be completed in order to fulfill the Advanced Experience requirement or a Biology elective

_________________________ (date)  ____________________________ (date)
Student Signature               Faculty Signature

For **Biochemistry Majors**: Approval of Anthony Annunziato ________________________________