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:

Please submit this contract during the registration period for the Spring semester of your senior year. Completion of this contract confirms that your advisor agrees to supervise the thesis writing process and to confirm that they will confirm the completion of your thesis to their standards and those of the Biology Department.

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

_________________________________________     ____________________________________________
Student Signature             (date)           Faculty Signature             (date)

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