

## 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*

\_\_\_\_\_  
Student Signature (date)

\_\_\_\_\_  
Faculty Signature (date)

For **Biochemistry Majors** : Approval of Anthony Annunziato \_\_\_\_\_