Student Name: ________________________________  Class Year: _________

EagleID ________________________________

Major(s): ________________________________

Instructor of Record (submits grade): ________________________________

Primary Mentor (if different than instructor): ________________________________

Location if NOT at Boston College: ________________________________

(If research is not being done at Boston College, please answer supplemental questions at end of form.)

Semester:  Fall [ ]  Spring [ ]

(Contract form must be submitted for each semester of Undergraduate Research)

Check as appropriate:

☐ Undergraduate Research (BIOL 4960)

☐ Senior Thesis Research (BIOL 4962)

☐ Undergraduate Research Investigations (off-campus) (BIOL 4963)

☐ Other (specify):

Please fill out the following sections as appropriate:

1. What work is the student expected to do for the course and approximately how many hours are anticipated per week for this?

2. List key deadlines and nature of final project (if applicable).

3. Criteria for evaluating student performance:
4. 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 Tony Annunziato __________________________
or Eranthis Weerapana

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OFF-CAMPUS RESEARCH

Off-Campus Research Supervisor: ____________________________      Email: ____________________________

If there is someone in the lab who plays a major role in the day-to-day mentoring of the student, please provide his or her name and contact information:

Name: ____________________________          Email: ____________________________

Position (grad student/postdoc/research assoc./fellow): ____________________________

*In addition to answering the above questions, students in off-campus labs should attach a description of the research project.*

Approval of Kathy Dunn: (Biology Majors) ____________________________

Approval of Tony Annunziato
or Eranthis Weerapana (Biochemistry Majors) ____________________________