



School of Systems Biology
10900 University Blvd., MS 5B3
Manassas, VA 20110

PhD DIRECTED STUDIES/RESEARCH
Instructor-Student Agreement

Student Name _____ Student ID # _____

Semester _____ Instructor of record _____

_____ # credit hours **BIOS 898 Directed Studies** (1-12 credits)

_____ # credit hours **BIOS 899 Research** (1-12 credits)

_____ # credit hours **BINF 996 Doctoral Reading and Research** (1-6 credits)

Course Title (30 characters max): _____

Please fill in the following information (may be attached on a separate sheet):

1. Focus and Learning objectives of this individualized course:
2. Student activity (e.g. readings, papers, presentations, lab or field study, etc.):
3. Student to submit the following (specify report, presentation, etc. and deadlines):
4. Specific meeting arrangements (e.g. meeting times and locales, research site, etc.)

Student Signature Date

Instructor Signature Date

Advisor Signature Date

Director, School of Systems Biology Date

Original: COS Graduate Academic Affairs

Copies: Instructor, Student, Dept file