



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

MS DIRECTED STUDIES/RESEARCH
Instructor-Student Agreement

Student Name _____ Student ID # _____

Semester _____ Instructor _____

_____ # credit hours **BIOL 693 Directed Studies in Biology** (1-8 credits)

_____ # credit hours **BIOL 793 Research in Biology** (1-3 credits)

_____ # credit hours **BINF 796 Directed 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

School of Systems Biology, Director

Date