



CBB

PROGRAM IN COMPUTATIONAL BIOLOGY & BIOINFORMATICS

LABORATORY RESEARCH AGREEMENT

_____	_____	_____	_____
Name	Student ID	Quarter	Year

We the undersigned agree to work together as research advisor and student on an independent research project (formal course registration CBB 499).

***Note for advisor: if the student's project requires intensive computing resources, including heavy memory usage and/or special software, are these resources readily available to the student via your laboratory or department? ___Yes ___No

Faculty Research Advisor Name (Please print): _____

_____	_____
Faculty Member Signature	Date

Graduate Student Name (Please print): _____

_____	_____
Graduate Student Signature	Date

_____	_____
Signature of Chairperson Curriculum and Advisory Committee	Date

RETURN TO THE CBB PROGRAM OFFICE (TECH L550) WITH A TITLE AND SHORT SUMMARY OR UPDATE OF YOUR PROPOSED RESEARCH PROJECT BY 5:00pm ON THE DEADLINE DATE.