SENIOR EXERCISE PERFORMANCE CONTRACT

NAME:_____

CAMPUS ADDRESS:_____

CAMPUS PHONE:_____ EMAIL:_____

OPTION (check one) ☐ Grant Proposal ☐ Experimental

TOPIC_____

☐ ABSTRACT, REFERENCE LIST AND BUDGET ATTACHED

☐ **Lab/Field Thesis only:** LIST OF RESEARCH REQUIREMENTS ATTACHED:

1) supplies
2) equipment
3) budget
4) transportation (if appropriate)]

SIGNATURE OF FACULTY ADVISOR: Printed name of advisor:

1._____ _____

NAMES OF up to THREE ADDITIONAL POTENTIAL FACULTY READERS*:
(signatures not required)

1._____

2._____

3._____

*If you or your advisor wish to have a second reader/advisor, list 3 Biology faculty members who would be appropriate to provide guidance to you on your topic. The Biology faculty will select the second reader from this list of three Biology faculty members in a way that will fairly distribute the overall senior thesis workload among the faculty.

I have carefully read the Biology Department senior exercise guidelines document, I understand its contents, and I agree to abide by its deadlines and conditions.

SIGNATURE _____ DATE _____