**Student – Instructor Agreement Form**

(To be filled by the student and the instructor)

**DENT 681 Readings in Dentistry & Health Research (1 credit)**

**Name of instructor:**

**Name of student:**

**Student ID:**

**Academic Year:**

**Session:**

**Date & Time:**

**Location:**

**Student's learning objectives:**

Student will learn to:

🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of the instructional method:**

|  |
| --- |
|  |

**Course Materials & Content:**

|  |  |  |
| --- | --- | --- |
| Sessions' content | Material | Date and Time |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Assignments and evaluation:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Signature of instructor** |  |
| **Date:** |  |
| **Signature of student** |  |
| **Date:** |  |