**Student – Instructor Agreement Form**

(To be filled by the student and the instructor)

**DENT 683 Readings in Dentistry & Health Research (3 credits)**

**Name of instructor:**

**Name of student:**

**Student ID:**

**Academic Year:**

**Session:**

**Date & Time:**

**Location:**

**Student's learning objectives:**

Student will learn to:

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

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

**Description of the instructional method:**

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**Course Materials & Content:**

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| Sessions' content | Material | Date and Time |
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**Assignments and evaluation:**

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