# Independent Study and Thesis Research

**Department of Neuroscience**

**Term:**  □ Fall  □ Spring  □ Summer of 200__

## Student Information

- **Student Name:**
- **Email:**
- **Phone:**
- **PeopleSoft#:**
- **Course**
  - □ NROSCI 1901
  - □ NROSCI 1961
- **Grade Option**
  - □ S/NG Only
  - □ S/NG or □ Letter Grade
- **No. of Credits (4-5 hrs. per week per credit):**
  - □ 1 credit
  - □ 2 credits
  - □ 3 credits
  - □ ______

## Faculty Information

- **Faculty Mentor Name:** (please print)
- **Faculty Contact Information**
  - **Phone:**
  - **Email:**

## Course Details

**What kind of thesis research/independent study project will you do?**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep lab notebook</td>
<td>□</td>
</tr>
<tr>
<td>Attend lab meetings</td>
<td>□</td>
</tr>
<tr>
<td>Read journal articles</td>
<td>□</td>
</tr>
<tr>
<td>Conduct experiments</td>
<td>□</td>
</tr>
<tr>
<td>Learn protocol</td>
<td>□</td>
</tr>
<tr>
<td>Write paper</td>
<td>□</td>
</tr>
</tbody>
</table>

**Faculty Mentor: What do you expect of the student?**

- □ Keep lab notebook
- □ Learn protocol
- □ Attend lab meetings
- □ Conduct experiments
- □ Read journal articles
- □ Write paper

## Required Signatures

**I agree to be engaged in my research project, to adhere to the scheduled hours and to seek assistance from my mentor as needed.**

- **Student Signature:**
- **Date:**

**I agree to mentor the above student by assigning a project and checking progress throughout the term.**

- **Faculty Mentor Signature:**
- **Date:**

**Department Signature:**

- **Department Signature:**
- **Date:**

*Department authorization will be granted by either Dr. Linda Rinaman or Dr. Steve Meriney. Dr. Rinaman is located in Langley 416B, Rinaman@pitt.edu. Dr. Meriney is located in Crawford 461C, Meriney@pitt.edu.*

Return completed form to the Neuroscience Advising Office (LANGY 206) for processing.