



Department of Neuroscience

Non-Credit Research Participation

Student Name:	Work/Study ___	Volunteer ___
PeopleSoft#:	Term:	
Phone:	Email:	

Faculty Mentor Name: (please print)

Faculty Contact Information **Phone:** _____ **Email:** _____

Length of time on project: _____

Project description:

Faculty Mentor: What do you expect of the student?

<input type="checkbox"/> Keep lab notebook	<input type="checkbox"/> Learn protocol	<input type="checkbox"/>
<input type="checkbox"/> Attend lab meetings	<input type="checkbox"/> Conduct experiments	<input type="checkbox"/>
<input type="checkbox"/> Read journal articles	<input type="checkbox"/> Write paper	<input type="checkbox"/>

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 project.

Faculty Mentor Signature: _____ **Date:** _____

Department Signature: _____ **Date:** _____

Department authorization will be granted by either Dr. Susan Sesack or Dr. Steve Meriney.
 Dr. Sesack is located in A426D Langley. Dr. Meriney is located in 461C Crawford.

Return completed form to A210 LANGY before the end of add/drop to enroll.