Term:  □ Fall  □ Spring  □ Summer of 200__

Student Name:  
Email:  
Phone:  
PeopleSoft#:  
Course | Grade Option
---|---
☐ NROSCI 1901 | ☐ S/NG Only
☐ NROSCI 1961 | ☐ S/NG or ☐ Letter Grade

No. of Credits (4-5 hrs. per week per credit):  ☐ 1 credit  ☐ 2 credits  ☐ 3 credits  ☐ ______

Faculty Mentor Name:  
Faculty Contact Information  
Phone:  
Email:  

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

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:  
Date:

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

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

Rev. 08/07