Student Name:
Email:
Phone:
PeopleSoft#:

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?
☐ Keep lab notebook
☐ Attend lab meetings
☐ Read journal articles
☐ Learn protocol
☐ Conduct experiments
☐ 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 project.
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.