Department of Neuroscience 

Summer Undergraduate Research Internship Plan Application

Summer 2019

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| --- | --- | --- | --- | --- |
| Student Name:  |  | Email:  |  |  |
| Research Mentor Name: (please print)  |   |   |   |
| Research Mentor Phone:  | Email:  |   |   |

What kind of new independent study project will you do?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How does this project relate to neuroscience?

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| --- | --- | --- |
| □ 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:

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| Department Authorization  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

You will be notified when your project is approved by the Department.

02/20