Department of Neuroscience
Semester Undergraduate Research Internship Plan Application

Student Name:  
Research Mentor Name: (please print)  
Research Mentor Phone:  

What kind of new independent study project will you do?
______________________________________________________________________________________

How does this project relate to neuroscience?
______________________________________________________________________________________

Research 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 Authorization

Students must gain departmental authorization before being approved. Please submit to any one of the following for approval:

Dr. Susan Sesack (Sesack@pitt.edu), Dr. Jon Johnson (jjohnson@pitt.edu), Dr. Debra Artim (dea20@pitt.edu), Dr. Erika Fanselow (Fanselow@pitt.edu)

Signature_________________________ Date________________

You will be notified when your project is approved.

11/2020