



Department of Neuroscience

Semester Undergraduate Research Internship Plan Application

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?

Research 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 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