



# Department of Neuroscience

## Continuing Research Authorization Fall 2018 – Term 2191

**Student Name:** \_\_\_\_\_

**PeopleSoft #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Course:**  **NROSCI 1901**     **NROSCI 1961**  
**No. of Credits (4-5 hrs. per week, per credit):**     1 credit     2 credits     3 credits     \_\_\_\_\_

**Faculty Mentor Name: (please print)** \_\_\_\_\_

**Faculty Contact Information**    **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does your project related to neuroscience?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faculty 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.*

**This student has completed at least one term of NROSCI 1901**

**Faculty Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A maximum of 6 credits (NROSCI 1901 OR 1961) may be used towards the 120 credits needed to graduate from the Dietrich School of Arts and Sciences.

Return completed form to A210 LANGY before the end of add/drop to enroll.