

First Research Authorization

Term: **□** Fall **□** Spring of 20**\_\_\_\_\_\_\_\_**



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| **Student Name:** | | | | |
| **PeopleSoft#:** | **Email:** | | | |
| **No. of Credits *(4-5 hrs. per week per credit ):* □ 1 credit** | | * **2 credits** | * **3 credits** | **□** |
| **Research Mentor Name: (please print) printprint)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |  |  |
| **Research Mentor Phone:** | | **Email:** |  |  |

What kind of new independent study project will you do?

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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:** | | |
| **Department Authorization**  Students must gain departmental authorization before submitting this form to A210 Langley Hall for registration. Authorization may be granted by any one of the following:  **Dr. Sesack (A426D Langley) Dr. Meriney (461C Crawford) Dr. Artim (445 Crawford) Dr. Fanselow (449 Crawford)** | | |
| **NROSCI 1901 – Independent Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

Research Mentor: What do you expect of the student?

A maximum of 6 credits may be used towards the 120 credits needed to graduate from the Dietrich School of Arts and Sciences.

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

Rev 04/19