

Independent Study NROSCI 1901

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 or nrosciug@pitt.edu before the end of add/drop to enroll.

Rev 05/2020