

Continuing Research Authorization

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



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| **Student Name:** | **Fall 019 – Term 2191**  |
| **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?

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| * **Keep lab notebook**
 | * **Learn protocol**
 | **□** |
| * **Attend lab meetings**
 | * **Conduct experiments**
 | **□** |
| * **Read journal articles**
 | * **Write paper**
 | **□** |

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| **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:** |
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**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.**

Rev 04/19