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?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ 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:

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| Department Authorization  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

You will be notified when your project is approved by the Department.

02/20