

Department of Neuroscience First Independent Study

Term: □ Fall □ Spring □ Summer of 20____

Student Name:	
Email:	Course
Phone:	NROSCI 1901
PeopleSoft#:	
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 new independent study project will you do?	
Faculty 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:
Department Signature: Date:	
Department authorization will be granted by Dr. Susan Sesack or Dr. Steve Meriney. Dr. Sesack is located in Langley A426D and Dr. Meriney is located in Crawford 461C.	
Return completed form to the Neuroscience Advising Office (LANGY 206) for processing.	