



STUDENT NAME _____ PEOPLE SOFT ID # _____

LOCAL PHONE _____ EMAIL _____

TERM _____ YEAR _____ HOURS/WEEK _____ # of CREDITS _____
(~5/wk = 1 credit) (S/NC Grade Only)

SITE DETAILS:

COMPANY/ORGANIZATION NAME _____

SUPERVISOR'S NAME/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

TITLE OF PROJECT:

DESCRIPTION: (Provide a paragraph of explanation of the research project, including purposes, procedures to be employed, and the manner in which you will report the results.) *May attach description if desired.*

LAB SUPERVISOR RESPONSIBILITIES:

(Describe how the student will be supervised and evaluated.)

DEPARTMENT OF BIOLOGICAL SCIENCES

FACULTY CO-SPONSOR RESPONSIBILITIES:

(Describe how the student will be supervised and evaluated.)

Supervisor Initials: _____

Co-Sponsor Initials: _____

Student Initials: _____