

**BIO 199 Research Contract**

Prior to each semester of research, this form must be completed by the student and the faculty member who will supervise the student's research. The completed form must be submitted to the Director of Undergraduate Studies in Biology.

Student's name \_\_\_\_\_ SID \_\_\_\_\_

Local address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Mentor's name \_\_\_\_\_ Campus address \_\_\_\_\_

Mentor's phone and email \_\_\_\_\_

**Academic session in which the research will take place:**  
(Circle one) Fall Spring 4-week 8-week **YEAR:** \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_

General description of the research project (completed by student and mentor):

**Signatures**

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty Mentor \_\_\_\_\_ Date \_\_\_\_\_

Director of Undergraduate Studies \_\_\_\_\_ Date \_\_\_\_\_