



STUDENT NAME \_\_\_\_\_  
 LOCAL PHONE \_\_\_\_\_  
 MAJOR \_\_\_\_\_

PEOPLESOFT ID \_\_\_\_\_  
 PITT EMAIL \_\_\_\_\_  
 PLANNED GRADUATION DATE  August  December  April  
 Year \_\_\_\_\_

WHEN WILL YOU EARN THESE CREDITS?	HOW MANY CREDITS WILL YOU COMPLETE? 5hrs/wk = 1cr = 70 hours/semester You may complete half credits (0.5, 1.5, etc)	ARE YOU BEING PAID FOR YOUR RESEARCH?
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year ____	Hours/Week = _____ Number of Credits = ____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SITE DETAILS:**

COMPANY/ORGANIZATION NAME \_\_\_\_\_  
 SUPERVISOR'S NAME/TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ SUPERVISOR'S 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.)

For instructions on how to submit the completed form: [Advising How-to-Enroll](#)

Supervisor Signature: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_