DIETRICH SCHOOL OF ARTS & SCIENCES

BIOSC 1903 UNDERGRADUATE RESEARCH
EXTERNAL LAB

STUDENT NAME _____ PEOPLESOFT ID _____

LOCAL PHONE _____ PITT EMAIL _____

MAJOR _____ PLANNED GRADUATION DATE ☐ August ☐ December ☐ April Year _____

WHEN WILL YOU EARN THESE CREDITS?	HOW MANY CREDITS WILL YOU COMPLETE? HOURS ARE WEEKLY 1cr = 3-5hrs, 2cr = 6-10hrs, 3cr = 12-15hrs	ARE YOU BEING PAID FOR YOUR RESEARCH?
TERM ☐ Fall ☐ Spring ☐ Summer Year ____	Hours/Week = _____ Number of Credits = ____	☐ Yes ☐ 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: _____

Revised Fall 2026