



STUDENT NAME _____
LOCAL PHONE _____
MAJOR _____

PEOPLESFT 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 TERM <input type="checkbox"/> Spring Year _____ <input type="checkbox"/> Summer	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: <https://www.biology.pitt.edu/undergraduate/advising>

Supervisor Signature: _____ Faculty Signature: _____

Student Signature: _____