



STUDENT NAME _____
 LOCAL PHONE _____
 MAJOR _____

PEOPLESFT ID _____
 PITT EMAIL _____
 PLANNED GRADUATION DATE August
 December Year _____
 April

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 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: [Advising How-to-Enroll](#)

Supervisor Signature: _____ Faculty Signature: _____

Student Signature: _____