



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? HOURS ARE WEEKLY 1cr = 3-5hrs, 2cr = 6-10hrs, 3cr = 12-15hrs	ARE YOU BEING PAID FOR YOUR RESEARCH?
☐ Fall TERM ☐ Spring Year _____ ☐ Summer	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: _____