

DEPARTMENT of BIOLOGICAL SCIENCES

Graduate Student

RESEARCH REGISTRATION FORM

PUID _____ Term _____ Year _____

NAME _____
 LAST FIRST MI

RESEARCH COURSE INFORMATION					
Add Drop Modify	Credit Hours	CRN	SUBJECT	COURSE #	Course Name
	1				WILL YOU BE GRADUATING AT THE END OF THE ABOVE TERM/YEAR?

RESEARCH EXPECTATIONS
<p>Enrollment in BIOL 698/699 entails an expectation of reasonable progress in scholarly research. These expectations include:</p> <ul style="list-style-type: none"> i) conducting independent research on the background, motivation, and prior work related to the primary subject of the research project, ii) actively participating in laboratory research at a level consistent with a professional research position, iii) contributing to overall laboratory operations, iv) following all safety guidelines and expectations associated with the research environment, v) following ethical research practices, vi) contributing to the written and oral dissemination of research findings, and vii) meeting the documented expectations of the thesis advisor as detailed in the annual IDP. <p>By signing up for research credits, the student acknowledges agreement with the expectations set forth by the faculty member. By allowing the student to sign up for research credits, the faculty member acknowledges that if the student's progress is acceptable with regard to expectations articulated for the semester, the student will receive a satisfactory grade for the course.</p> <p>If a faculty member anticipates assigning an unsatisfactory grade due to the student's failure to meet expectations in one or more of the areas above, a detailed description of specific expectations must be provided and these expectations fully discussed with the student at the time of registration.</p> <p>Additional Comments:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

check all that apply:

_____ Teaching Assistantship

_____ Research Assistantship

_____ Training Grant : Name _____

_____ Assistantship/Fellowship Name/Type: _____

Acknowledge of Expectations

SIGNATURE OF STUDENT DATE

SIGNATURE OF ADVISOR DATE

Original Form in Student Files / Copy of Form (pdf) to student & PI

Home address _____
 Street City Zip

Local Phone _____ Work Phone (Lab) _____ Office/LAB Rm. # _____