

# MENTOR | STUDENT AGREEMENT 2014-2015

*Please insert this document as the final page of your proposal.*

## CONTACT INFORMATION | STUDENT

Name: \_\_\_\_\_  
*(first)* *(last)*

CWID: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, affirm that I have understood and agree to all terms required for  
*(student name—please type)*

my continued involvement in Life Science Freshman Research Scholars program.

Optional: I will be enrolled in \_\_\_\_\_ (Independent Research) for \_\_\_\_\_ cr. Hours in the Spring 2015 term.  
*Course Prefix & Number*

Student signature: \_\_\_\_\_

## CONTACT INFORMATION | FACULTY MENTOR

Faculty Name: \_\_\_\_\_  
*(first)* *(last)*

College: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty Campus Address: \_\_\_\_\_

Faculty Phone: \_\_\_\_\_

Faculty E-mail: \_\_\_\_\_

Graduate Student Mentor (If Applicable): \_\_\_\_\_  
*(first)* *(last)*

Degree Being Sought: \_\_\_\_\_

I, \_\_\_\_\_, agree to serve as a faculty mentor to the student above for the 2014-2015  
*(faculty name—please type)*

academic year. Furthermore, I affirm that the student and I have met and established a plan and schedule for participation in the Life Science Freshman Research Scholars program. This includes 2-4 hours of research per week, a (poster) presentation at an approved departmental, university, or professional event, and the submission of a final manuscript/report for the OSU-HHMI publication.

Mentor signature: \_\_\_\_\_