

BIOL499R, Research for Credit Registration Form

Student: Please fill out the information and give this form to your faculty advisor for their signature. Your faculty mentor may prefer for you to email the form so that they can complete it electronically. In order to confirm that the faculty mentor is aware that you are taking 499R, **YOUR FACULTY MENTOR MUST SUBMIT THE FORM VIA EMAIL TO NICOLE.GERARDO@EMORY.EDU.** Forms submitted via student email addresses will not be accepted.

Faculty Mentor: Thank you for supporting this student's develop as a scientist. Please sign this confirm all information on this form and sign your name (an electronic signature is acceptable). **In order to confirm that you are aware that this student is taking 499R, YOU MUST SUBMIT THE FORM VIA YOUR WORK EMAIL TO NICOLE.GERARDO@EMORY.EDU by August 28, 2017.**

Student Name

ID

Student Email

Semester: Fall/Spring, 20____ # of previous 499 semesters____
I confirm that I am a biology major. ____ (student initials)

Student, please read and sign the following statement:

I have read and agreed to the course requirements as described here and on the Biology Department website www.biology.emory.edu/research-opportunities. I am aware that I am required to take two semesters of Biology 499R. I am aware that, with assistance from my faculty mentor, I will have to submit this application and add Biology 499R to my schedule each semester via the normal registration procedure. I will uphold the Emory Honor Code in my work, including providing proper citations when referring to others' work, ideas, data, figures, or writings.

Student Signature: _____ Date: _____
(electronic signature will be accepted)

Faculty Research Mentor, please read and sign the following statement:

I agree to supervise this student's research project for at least two semesters. While science is collaborative, I am aware that I should be helping this student develop as an independent research scientist, and that this student should not be considered solely as an assistant to another member of my laboratory. I am aware that my approval will be required for the final report (Fall) and poster (Spring), and for the grade form at the end of each semester.

Faculty Signature: _____ Date: _____
(electronic signature will be accepted)

Faculty Name (printed): _____
Department(s): _____
Email: _____

If the faculty mentor is not the direct mentor, please list the name and position of the person who will most closely supervise the student, if known:

Direct mentor: _____
Position: _____
Email: _____

Please contact Dr. Nicole Gerardo, Director of Undergraduate Research in Biology
(ngerard@emory.edu) with questions or concerns.