

| RESEARCH MEMORANDUM OF UNDERSTANDING "MOU"

To be completed by the internship supervisor and student researcher.

Students seeking to enroll in Neurosc 4998 must submit this "MOU" to a Neuroscience Academic Advisor, by the Friday BEFORE the first week of the semester. Students are required to obtain input from their research Supervisor/PI; therefore, they should allot sufficient time to complete this "MOU." Please type your information or print clearly.

Supervisor's name Dr. K. Liu Lin Thio E-mail thiol@wustl.edu

Supervisor's phone # (include extension if applicable): 314-454-6120; Fax #: 314-454-4225

Supervisor's postal address: Washington Univ, Neurology, One Children's Place, Box 8111, St. Louis, MO 63110

Will the student report to you at the above address? Yes No *If no, specify the address of the internship site:*

Street address: _____

City/State/Zip Code: _____

Title of research position or research program: Lab Assistant

Start Date: 8 / 20 / 19 End Date: 12 / 4 / 19 Hours per week the student will work (estimate): 3-6

Compensation: Unpaid Paid

In 2-3 sentences, please describe each of the following research components (or, attach related documents):

- Typical research duties for the student:
- Data cleaning and statistical analysis
 - Writing and editing manuscript
 - Creating relevant figures and graphs

Supervision and training planned for this student:

- Aid with statistical analysis and programming
- Supervision of research activities

Connections to the field of Neuroscience: Investigating a common neurological disorder and its clinical implications

Supervisor Agreement

My signature is consent that I will serve as the supervisor for this student and seek to structure the research experience in a way that supports the student's learning of the field of Neuroscience. At the conclusion of the research experience, I will evaluate the student's performance via the form provided by the department. Please Dr. Charlie Campbell at campbell.601@osu.edu or 614.292.7379 if you have questions about appropriate learning goals for this student. I also agree to agree to contact Dr. Charlie Campbell with any concerns about the student's performance or if the student fails to complete the research experience articulated on this verification form.

Katelin Thio
Research Supervisor's Signature

8/14/19
Date

Sandy J. J. J.
Student Research's Signature

8/13/19
Date

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Course: Neurosc 4998

Date Application Received: _____

Application Status: Approved Not Approved

Notes:

Advisor's Signature: _____ Date: _____

Enrollment Units: 1 credit hour 2 credit hours 3 credit hours