

| 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 _____ E-mail _____

Supervisor's phone # (include extension if applicable): _____; Fax #: _____

Supervisor's postal address: _____

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: _____

Start Date: ____/____/____ End Date: ____/____/____ Hours per week the student will work (estimate): _____

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:

Supervision and training planned for this student:

Connections to the field of Neuroscience:

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.

Research Supervisor's Signature

Date

Student Research's Signature

Date

| FOR OFFICE USE ONLY

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