Project Approval Form

For Enrollment in: Guided Research (BIOL BC3597), Guided Research & Seminar (BIOL BC3591-BC3592), or Senior Thesis Research (BIOL BC3593-BC3594).

Student: ______________________________________________________________________

Course(s): ___________________________ Semester(s): _________________________

A. Prospective title of research project
____________________________________________________________________________

B. Please refer to the “Student Checklists” for receiving project approval on the Biology Department website: http://biology.barnard.edu/how-do-i-get-credit-for-research

_____ I have read the “Student Checklist” for the course that I plan to take.

_____ I have discussed the “Student Checklist” and “Mentor Job Description” with my mentor.

Student Signature: ______________________________________________________________________

C. Off-campus research mentor (no signature required)

Name: _____________________________________________________________________________

Affiliation: _______________________________________________________________________

Primary contact in the lab (if not the PI): ________________________________________________

Contact information for mentor or primary lab contact:

Phone: ___________________________ Email: ______________________________

D. Barnard research mentor (if your lab is at Barnard) or internal advisor (if your lab is elsewhere)

Name: _____________________________________________________________________________

Signature: __________________________________________________________________________

Submit this form to the Biology Department Office in 1203 Altschul Hall.
Keep a copy for your records.