Undergraduate Research Proposal Cover Sheet

Project Title _______________________________________________________

Student Investigator ________________________________________________

   ID# (95…) _________________ E-mail _______________________________

Course Director (Research Mentor) _______________________________________

   Department ________________________________

   E-mail ______________________________________

Academic Advisor ____________________________________________________

   Department ________________________________

   E-mail ______________________________________

The **Course Director**, defined as the faculty member responsible for guiding the student’s research, is expected to make clear to the student what the expectations are with respect to (i) the particular project and its scope, (ii) the time commitment associated with the project and course credits; (iii) the student’s research paper/poster and oral presentation; and (iv) the grading for the course (for details, see http://www.uvm.edu/microbiology/undergraduate-program-overview/undergraduate-research-project-guidelines/). The student must be informed of these expectations prior to initiating the project. The student’s Academic Advisor should also be informed of these expectations.

**SIGNATURES:**

   Student __________________________________________________________

   Course Director __________________________________________________

   Academic Advisor ________________________________________________

This completed form must be returned to the MMG Undergraduate Program Director by the end of the **Add/Drop** period or the student may be disenrolled from the course.