## Undergraduate Neuroscience Research Proposal (NSCI 197/198)

**PROJECT TITLE**

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**STUDENT INVESTIGATOR** ___________________________

Student ID # _______________ Year ___________ e-mail ___________________

Phone ___________________ Academic Advisor _______________________

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**FACULTY RESEARCH SPONSOR** _______________________

Phone ___________ Department ___________________ e-mail ___________________

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When does your independent study begin?  
- Fall  
- Spring  
(circle one)

Is your independent study a two-semester project?  
- Yes  
- No  
(circle one)

**CREDITS**  
- Fall ___________  
- Spring ___________

**Student:**  
I have read the Instructions to Students sheet and understand the deadlines and duties required for students enrolled in NSCI 197/198.

Student Signature ___________________________ Date ____________

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**Faculty Research Sponsor:**  
I approve the Research Proposal prepared by the undergraduate research student. Also, the student has given me a copy of the Message to Research Sponsors.

Faculty Signature ___________________________ Date ____________

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**Undergraduate Program Director:**  
I approve ___ / do not approve ___ the Research Proposal for NSCI 197/198 credit hours.

NEUR Director Signature ___________________________ Date ____________