



PROPOSAL for Directed Research Projects: BIOL 1950/1960

Banner ID#: _____ **Student Name:** _____

Box #: _____ **Phone:** _____ **Email:** _____

Current Semester Standing: _____

Degree (check which): AB ScB **Concentration Program:** _____

Semester: _____ **Academic Year:** _____ for proposed project.

Faculty Sponsor (PRINT name): _____ **Dept:** _____

PRINT title of proposed BIOL 1950/1960 project: _____

Section I. Briefly outline the course of study you are proposing. Describe the system you will investigate, and explain briefly the question to be answered or analyzed. Attach description page if you wish.

Section II. How will this work be evaluated at the end of the semester? (This section should be completed by faculty sponsor in consultation with the student.)

Evaluation:

Sponsor should delineate the criteria for achievement in the project. In some cases, stating specific expectations for earning grades (A, B, C, or S) is useful for both sponsor and student.

Recommended: (1) mid semester "checkup" meeting, an opportunity for interim program report; (2) student should maintain a project notebook that includes weekly entries of hours spent on the project including lab/fieldwork contact hours and other tasks/accomplishments related to the project.

Section III. Policies and Expectations

1. Students can be expected to devote from 10-20 hours per week on the project.
2. Faculty sponsors are expected to be available for regularly scheduled meetings with the student to review work and analyze progress.
3. Students are expected to be intellectually involved in original research, with expectations appropriate for their level of experience.
4. Conflicts that may arise pursuant to these arrangements should be referred for mediation to the Associate Dean of Biological Sciences (Undergraduate Education), Marjorie_Thompson@brown.edu 863-3814

SIGNATURES: Below indicate acknowledgment and acceptance of stated terms in Sections II and III.

Student: _____ Date: _____

Sponsor: _____ Date: _____

Sponsor's Box #: _____ Sponsor's E-mail address: _____

If this project **is intended** for concentration credit, the following signature is required:

Concentration Advisor (**PRINT name**) _____

Concentration Advisor Signature*: _____ Date: _____

*The signature of the Concentration Advisor should be obtained **after** other signatures on the form have been completed.