Micro 4900 A or B Research Experience Contract*
*research work for credit. This can not be a paid job
Student completes the form with instructor input, signatures as indicated below, and return to
Science Hall rm 208 Briony Atkinson brionya@iastate.edu

Student Name: ___________________________ Student ID: ______________
Student Email: ____________________________

Semester enrolling for credit: __________________________

Number of credits: 1 2 3 (circle) (3 hours minimum/week = 1 credit)
Micro 4900 A or B (circle)

Faculty instructor:
Name: ____________________________
Department: ____________________________
Email: ____________________________

Brief description of the project:

Expectations:
Number of hours worked per week: ____________________________
(3 hours minimum/week = 1 credit)
Starting date _____________ Ending date ______________

Safety training completed: ____ yes/no/na) Date/Expected date: _______

Nature of the End Product: (check off)
Poster: _____ Written Report: _____ Oral presentation: _____
Other (please list): ____________________________

Signatures or email confirmation:
Student: ____________________________ Date: ______________
Faculty instructor: ____________________________ Date: ______________
Director/Advisor: ____________________________ Date: ______________

Completed 4900 Contract submitted: Date: ______________ Form Updated
7/29/24