

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