

# Micro 490 A or B

## Research Experience Contract

Student completes the form with instructor input, signatures as indicated below, and return to Microbiology Office – Susan Cramer.

Student Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Student Email: \_\_\_\_\_

Semester enrolling for credit: \_\_\_\_\_

Number of credits: 1 2 3 (circle) for Micro 490 A or B (circle)

Faculty instructor:

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Email: \_\_\_\_\_  
Reference section letters: \_\_\_\_\_

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: \_\_\_\_\_

Completed 490 Contract submitted to Microbiology Office - Date: \_\_\_\_\_