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: ____________

Form Updated 9/15/2021