

# Undergraduate Neuroscience

Permission # \_\_\_\_\_

## NEUROSCI 150 Research Practicum

150- (from office)

Student Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Print the term and year you plan to take this Neurosci 150 Research Practicum:

Spring \_\_\_\_, Fall \_\_\_\_, Summer session (1 \_\_\_\_, or 2 \_\_\_\_) and Year: \_\_\_\_\_

Student ID #: \_\_\_\_\_ (not Duke unique ID) Expected Grad Term/Year: \_\_\_\_\_

Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please briefly explain your project in relation to neuroscience:** \_\_\_\_\_

### Overview

The primary intent of the Research Practicum is to *introduce* a student to faculty-directed research in a basic science or clinical science setting. Typically, the course will include readings from primary and review literature, data collection and analysis, and regular discussions among students, faculty and other research associates working under the direction of the principal investigator. The Research Practicum is for *preliminary* academic and “hands-on” research activities, which are important in their own right, but should be distinguished from the more formally planned and intensive course of Independent Study. For many students, Independent Study with the same faculty mentor will follow the Research Practicum. However, the Research Practicum should be an appropriate means for students and faculty to explore the potential for Independent Study and the greater level of commitment required from both parties. Although desirable in most cases, students and faculty should recognize that successful completion of the Research Practicum does not obligate either student or faculty to subsequent Independent Study.

The course is worth a half-credit and is graded on a Satisfactory/unsatisfactory grading only. Please note: *no course credit can be awarded for paid work.*

This form should be completed and returned to the Office of Undergraduate Studies in Neuroscience, B022 LSRC (DIBS). Section and Permission numbers for registration will be emailed to you from that office after approval.

### **REQUIRED FACULTY SIGNATURE**

FACULTY MENTOR: *With this signature, I acknowledge that I will meet with this student and oversee the research done this semester, and this student has my consent to register for the Research Practicum in Undergraduate Neuroscience, NEUROSCI 150.*

1.) Faculty mentor/Instructor:

X \_\_\_\_\_  
(faculty mentor/instructor signature) (PRINT faculty mentor/instructor name)

Faculty/Instructor Department: \_\_\_\_\_ Faculty Mentor Email: \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Assoc. Dir. Undergraduate Neuroscience Studies

DATE: \_\_\_\_\_  
Staff assistant—email sent: Y N