



The University of Georgia

Dr. Russell L. Malmberg
Interim Division Chairman
Associate Dean of Franklin
College of Arts and Sciences

Franklin College of Arts and Sciences
Division of Biological Sciences

Dr. Peggy Brickman
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Director of Undergraduate
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FACULTY/STUDENT AGREEMENT FOR BIOLOGY RESEARCH

BIOL 4960__ 4960H__ 4970__ 4970H__ 4980__ 4980H__

(Please mark for which course you are requesting credit)

STUDENT INFORMATION

Date _____ Semester/Year of Research _____
(SPRING, SUMMER, or FALL)

Please Print!

Student Name _____ Major _____

Telephone Number _____ Email Address _____

Student 810# _____ Last 4 SSN _____

Student Signature _____

_____ I HAVE READ AND UNDERSTOOD THE REQUIREMENTS FOR RESEARCH AND
(please initial) ACKNOWLEDGE THAT A PAPER IS DUE AT THE END OF THE SEMESTER.

FACULTY INFORMATION

FACULTY MUST PROVIDE A STATEMENT OF WHAT STUDENT WILL BE DOING IN LAB*

Research Sponsor Name _____ Title _____

Department _____ Telephone Number _____

Email _____

Please indicate your UGA status:

Faculty _____ Lecturer/Instructor _____ Faculty Emeritus _____ Other _____

***NOTE TO FACULTY:** A Research Paper is due from the student at the end of the semester. _____
(please initial)

Sponsor Signature

Dr. Peggy Brickman

Please attach the **FACULTY STATEMENT** regarding the student's research to this form and return it to Room 411 Biological Sciences for permission to register for this course. Revised 8/11/09