

CARLETON COLLEGE NEUROSCIENCE 394 STUDENT-FACULTY RESEARCH FORM

ID# _____ Name _____ Class Yr _____ YR/TERM _____

CREDITS _____ (1-6 per term)

Note: 6 credits of NEUR394 fulfills the 300-level elective requirement for the Neuroscience Minor

SUPERVISOR _____

Brief Project Title for Transcript (Limit to 25 characters)

Description of the Project:

Grade Evaluation: Indicate the kinds of work that will be evaluated, e.g. 20 page paper, or weekly short report or weekly oral presentation and final report in the box below.

TO BE COMPLETED BY SUPERVISOR:

Supervisor will offer on S/CR/NC basis only.

Supervisor's Signature

Students must register for NEUR394 student-faculty research during registration or the drop/add period.

Give your completed form to the [Registrar](#) (Laird Hall 14). This work must be directly related to neuroscience research done in the Carleton Neuroscience Program with your faculty advisor.

Advisor's Signature _____

Supervisor's Signature _____

Student's Signature _____