University of Guelph: Department of Molecular & Cellular Biology

MCB*4500 & MCB*4510 Research Projects in MCB

Research Project Agreement

We hereby indicate that we agree to conduct the named project according to these principles.

Supervisor: I will provide the appropriate resources and supervision for the project to be carried out. I will be available to participate in the MCB Research Projects Program as identified by the Coordinator. I will also ensure that the student receives a Safety Orientation in accordance with the University Safety Policy 851.06.10 and the host Department. The University Policy requires that the student will also receive project appropriate safety training within the first week of the semester when entering to work in a new laboratory. I will complete the Progress Interview document indicating any improvements required of the student (if any) as prescribed by the Course Program as prescribed by the Coordinator. Withdrawal of support for a student must made in writing to the Coordinator.

Student: The time required for students to complete a detailed literature review, learn new techniques and initiate experiments will average at least 20 hours per week. However, due to the diversity in research projects and students, the time spent in the lab may vary among projects and students and from week to week during the semester. Where the student's performance is not satisfactory to the supervisor during the first semester, the supervisor is not obliged to invite the student to return for the Research Projects 2 (MCB*4510).

I have successfully attained the following Course Prerequisites **(Students Check yes or no please*).**

Lab Methods MBG*3350	yes ☐	no ☐	_____	*Advisor Signature required*
70% Science Course Average	yes ☐	no ☐	_____	*Advisor Signature required*
15 Credits	yes ☐	no ☐	_____	*Advisor Signature required*

***Each Prerequisite deficiency must be signed by the Supervisor before submitting this Agreement to the Coordinator.**

I will invest the appropriate time and effort to carry out the project and the course. I agree that I have an understanding of the commitment that will be required of them for this particular project. I will be responsible for submitting all course deliverables to the Course Co-ordinator and specifically, the Student Safety Orientation record.

Please PRINT	**Check your major: MBG ☐ MICR ☐ BIOC ☐ PBT ☐ _____Other**
Begin Semester:	
Student ID:	
Student Name:	
E-mail Address:	
Supervisor Name:	
Department & College	
E-mail address:	
Title of project: (required for publication of Seminar schedules)	

Signatures **Student:** _____ **Supervisor:** _____

Date:_____ **Date:**_____