

Faculty Mentor Registration Form
(to be completed by the faculty mentor)

Faculty Name: _____

Gatorlink Email Address: _____

College and Department: _____

Office Address: _____

Office Phone: _____

Graduate Student/Post-Doctoral Mentor(s) Information (if applicable):

Name: _____

Gatorlink Email Address: _____

College and Department: _____

Office Address: _____

Office Phone: _____

Will the student's project and or research involve:

- | | | |
|---|------------------------------|-----------------------------|
| 1) Export-controlled research? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) An infectious agent or clinical samples? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Methods/procedures requiring specific safety training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, describe specific training that the student will receive prior to performing these activities.

What are your expectations for the student's attendance in this project (e.g., estimated hours/week in your laboratory, in seminars, group meetings, etc.)?

I approve of the research description and credit hours submitted by the student applicant. I have read the responsibilities of the research advisor (see next page) and agree to undertake these responsibilities.

Faculty Mentor Signature: _____ **Date:** _____

I have read the responsibilities of the research advisor (see next page) and agree to undertake these responsibilities.

Student/Post Doc Signature: _____ **Date:** _____

Student Registration Form
(to be completed by undergraduate student)

Student Full Name: _____

UFID Number: _____ **Cell Phone:** _____

Gatorlink Email Address: _____

Major: _____

Level/College: _____

Expected Bachelor's Graduation Date: _____

Project Title: _____

Faculty Mentor: _____

Semester/Year of Enrollment: _____ **Credit Hours (0-3):** 1 cr max

Brief Description of the Research Project/Expectations:

I have prepared the research description above in consultation with my research advisor. I have read the responsibilities of the student included on the syllabus and agree to undertake these responsibilities.

Student's Signature: _____ **Date:** _____