

AUBURN UNIVERSITY
HARRISON COLLEGE OF PHARMACY
APPROVAL FOR ENROLLMENT IN UNDERGRADUATE RESEARCH (PYDI 4980)

Part I – To Be Completed by Student

Name: _____ Student ID#: _____

Home College: _____ Major: _____

Semester: Fall/Spring/Summer, 20____ Select # of Credit Hours: 1 or 2

HCOP Faculty Mentor: _____ Department: DDD/HORP/PP

Grading Scale: Letter grade (A-F)

Credit Hour Policy

<https://auburnpub.cfmnetwork.com/B.aspx?BookId=12563&PageId=462074>

Part II – To Be Completed by Faculty Mentor

A description of the proposed research and the assessment plan that addresses all the following must be completed for approval (a separate, one-page document may be attached if the student has reviewed and agreed):

- I. The specific learning objectives for the individual student and proposed schedule of meetings with the faculty mentor
- II. A description of the specific research activities that will be performed by the student (please include any prior research experience or course prerequisites that are pertinent and/or needed by the student to be successful in the course or indicate “prior experience not required” if the expectations are for novice-level experience students).
- III. Criteria that will be used to assess the student’s performance leading to the assignment of a course grade (e.g., attendance, written assignments, research skills completion, etc.)
- IV. A description of the research-supportive environment to include a) where the specific student will spend the required number of hours engaged in research activity, b) the names of faculty mentor-extendors that will help facilitate research activities (e.g., *qualified PhD students, post-docs, residents, visiting scholars), and c) an attestation that the student’s research experience will be supported with adequate resources (e.g., research compliance training, availability of supplies, access to instrumentation and computers, access to appropriate lab spaces).

*Qualified PhD students are HCOP graduate students that have passed written and oral qualifying exams.

Student research learning objectives and proposed schedule of meetings

Research activities/assignments that will be performed by the student

Criteria to assess assignments

Description of the research-supportive environment

Student Signature: _____
(I have also read and understand the Credit Hour Policy) _____ Date

Faculty Instructor _____ Date

Course Coordinator (Dr. F. Smith) _____ Date

Department Head _____ Date

Assoc. Dean for Research (Dr. T. Moore) _____ Date

Part III – To Be Completed by Student Performing Laboratory-Based Research in DDD
AUBURN UNIVERSITY PERSONAL DATA FORM

<u>LAST NAME, FIRST NAME, MIDDLE NAME</u>	<u>BANNER ID</u>
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<u>EMAIL</u>

<u>LOCATION WHERE RESEARCH ACTIVITIES WILL OCCUR</u>	<u>PHONE NUMBER</u>
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<u>Gender</u> (optional) Male <input type="checkbox"/> Female <input type="checkbox"/>	<u>Birth Date</u> _____ Month Day Year	<u>Marital Status</u> (optional) <input type="checkbox"/> Single <input type="checkbox"/> Married	<u>Student</u> <input type="checkbox"/> Graduate <input type="checkbox"/> TES <input type="checkbox"/> Post-Doc <input type="checkbox"/> Undergraduate <input type="checkbox"/> Visiting Scholar	<u>COURSE</u> <input type="checkbox"/> Undergrad Research PYDI 4980 <input type="checkbox"/> Undergrad Fellow <input type="checkbox"/> Volunteer
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<u>Emergency Contact Information (REQUIRED)</u>	
Name	_____
Address	_____
City	_____
State / Province	_____
Zip Code	_____
Relationship	_____
Cell Telephone	(_____) _____
Home Telephone	(_____) _____
Work Telephone	(_____) _____

<u>Key Numbers (Office use only)</u>

<u>Lab Training Completed (as applies)</u>		
<input type="checkbox"/> Lab Safety	<input type="checkbox"/> Biological Safety	<input type="checkbox"/> Hazardous Waste

<u>Optional Ethnic Code (Select One Only)</u> <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<u>Optional Veteran Status</u> <input type="checkbox"/> No <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran	<u>Optional Military Reserve</u> <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve
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