



Neuroscience and Mental Health Institute  
2-132 Li Ka Shing Centre  
112 Street & 87 Avenue  
Edmonton, AB Canada T6G 2E1

## NEURO 498 / 499

### Course Registration Form

Please email a copy of this form to the NMHI office by the end of the first week of the term

Student Name:

Student ID:

Student Email:

Supervisor Name:

Supervisor Email:

The student will be supervised by the PI and by a member of the PI's lab (the Project Lead):

Project Lead's Name & Position:

Project Lead's Email:

#### Research Topic

*(Supervisor should provide one or two scientific questions that will serve as basis for the student to develop a thesis proposal (Neuro 498) and test it experimentally (Neuro 498 and Neuro 499). When selecting the topic of study, please consider that this is an "intensive undergraduate" research course, and that the student will receive 12 credits after completing NEURO 498 and NEURO 499)*

It is expected that this research project will have specific requirements.

*(Please list the special requirements, e.g., occasional extended work hours, working with animals, having access to confidential information, etc.)*

#### Examinations

*(An external expert examiner is required. The selection of this external faculty member is the responsibility of the supervisor, and all considerations should be taken to secure the same faculty for NEURO 498 and NEURO 499. The external examiner cannot be a co-supervisor of the project.)*

External Examiner Name:

Email:

## Supervisor Checklist

YES NO N/A

1. I have discussed with the student the scientific questions to be used as base for his/her/their thesis proposal.
2. Ethics approval is currently in place for the proposed project.
3. Resources are available for the completion of the project.
4. The project will require 20-25 hours/week for the duration of both terms to be completed.
5. I have discussed with the student and agreed to the specific requirements of the proposed project.
6. I am able to provide the student with work space in a laboratory/office where he/she/they will conduct the research.
7. I have selected an external examiner.
8. I will be available for the dates of the exams.

Supervisor's Signature:

Date:

## Project Lead Checklist

YES NO N/A

1. I have agreed to perform the "day-to-day" mentoring of the student.

Project Lead's Signature:

Date:

## Student Checklist

YES NO N/A

1. I have discussed and agreed with the supervisor on the scientific questions to be addressed in my proposal.
2. I am aware that these courses require 20-25 hours/week of work for the duration of both terms to complete the project.
3. I have discussed with my supervisor and agreed to the specific requirements of the proposed project.
4. I have agreed to be mentored on my "day to day" work by the proposed Project Lead.
5. I have made arrangements with my supervisor on work space in a laboratory/office where I will conduct the research.

Student's Signature:

Date: