

UNDERGRADUATE RESEARCH CO-SPONSOR FORM

STUDENT NAME (please print):		
UMID:	TERM ENROLLED IN 399/	498/499:
FACULTY MENTOR/LAB:		
BIOPHYSICS FACULTY CO-SPONSOR:		
I plan to do research inindicated above.		's lab for the term
I understand that it is my respons communicates with my Biophysic purposes of checking on my progr	s Faculty Co-Sponsor during	g the term for the
My Biophysics Faculty Co-Sponso Wolverine Access by the deadline		my final grade into
By signing this, I am acknowledging the Biophysics Student Services O	•	•
Student Signature		Date
Faculty Mentor (PRINT)	Faculty Mentor (SIGNATURE)	 Date
Biophysics Faculty Co-Sponsor (PRINT)	Biophysics Faculty Co-Sponsor (SIGNATURE)	Date

Please return this form to Sara Grosky in the Biophysics Main Office.

(revised 3/27/19)

