



PROPOSAL FOR HIGH SCHOOL STUDENT RESEARCH

Student's Last Name: _____ First Name: _____

Current School: _____

Date of birth (restrictions vary for age 14-15, 16-17 and 18+): _____

Start Date: _____ End Date: _____

Laboratory room(s) above student will be working: _____

Description of work the student will be doing. Attach additional pages as necessary.

Name of daily supervisor: _____ Title of supervisor: _____

Contact number of daily supervisor: _____ Email: _____

In Case of Emergency Contact: _____ Phone: _____

Signature - Student Participant: _____ Date: _____

Signature - Parent/Guardian: _____ Date: _____

Parent or Guardian signature required if participant is under 18 years of age.

Signature - Sponsoring Faculty Member: _____ Date: _____

Signature - Department Chair/Co-Chair: _____ Date: _____

Signature - Building Manager: _____ Date: _____

Please retain a copy for administrative files, send a copy to laboratory manager and send completed original to Building Manager.