Independent Study Agreement Form
Genetics Department

To register for 299 or 699 independent study, Genetics undergraduate students must meet with their major research professor and primary mentor (if someone other than professor) prior to, or at the beginning of each term to establish or revise an independent study agreement that defines common goals and expectations for their research project.

**Before you complete the form on pages 2 and 3,** we suggest the student and their mentor discuss the topics listed below.

1. Why do you (student) want to do research? Why do you (mentor) want to supervise an undergraduate researcher?

2. Student and graduate student or postdoc mentor: What are your career goals? How can this research experience and the mentor-mentee relationship help each of you achieve them?

3. How many hours per week and at what times/days do student and mentor expect to work on the research project?

4. What level of independence is expected of the student once basic techniques are learned?

5. Are there others in addition to the mentor to whom the student can direct questions about lab operations, techniques, or science in general?
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Student Information:
Name: ___________________________  Student ID# ______________
Major(s): ___________________________
Email: ___________________________

Independent Study Major Professor and Mentor Information:
Name of Major Professor and Section Number:
Name of Mentor: _______________________

Independent Study Course Number (299 or 699):
299 = Freshmen and sophomores
699 = Juniors and seniors

Student is authorized to enroll in: Semester: ______  Year: _____  # Credits*: ______

*3-5 hrs of work/week over a 15 week semester is considered equivalent to 1 credit.
Additional guidelines and information of campus polices regarding independent study can be found at: https://kb.wisc.edu/vesta/page.php?id=36263

Contact Information:
If mentee becomes ill and cannot work they should contact:
Primary Person: ___________ email/SMS/Phone: ______________________
Secondary Person: ___________ email/SMS/Phone: ______________________

In case of an accident or sudden illness while working in the lab the emergency contact information for the student is:
Name: ___________________________
Relationship: ______________________
Contact information: ___________________
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1. The mentee will work at least _____ hours per week on the project during the academic year, and _____ hours per week in the summer.

2. If the mentee must deviate from this schedule (e.g. to study for an upcoming exam), then s/he will communicate this to the mentor at least_____(weeks / days / hours) before the change occurs.

3. Briefly describe the project/research the mentee will be participating in this semester:

4. Briefly describe a major learning opportunity or outcomes that will be provided by this semester’s/term’s independent study experience, which will advance the mentee’s personal and/or career goals (e.g., poster presentation, lab or large group oral presentation of work, specific lab techniques/skills learned):

Mentee’s signature: ___________________________ Date: ___________________________

Mentor’s signature: ___________________________ Date: ___________________________

Professor’s signature: ___________________________ Date: ___________________________

• Student and Mentor/Professor should keep one copy of the completed form for their records

• RETURN ONE SIGNED COPY OF PAGES 2 AND 3 TO ONE OF THE FOLLOWING INDIVIDUALS:
  Martha Reek, Room 1426 Genetics
  Kit Tilmann, Room 1428 Genetics
She/he will e-mail you once a copy is received and you are granted permission to enroll in independent study. You will still need to enroll in Genetics 299/699 via your Student Center to complete your enrollment.