



## Independent Research Advisor/Student Agreement

We agree to work together as Research Advisor and Student on an independent research project for the academic year 2005-2006.

\_\_\_\_\_  
Typed Faculty Member Name

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Student Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Please return this form to:**  
Department of Neurobiology & Physiology  
Hogan Hall Room 2-160  
Evanston Campus 3520  
(847) 491-5521