**AVC Summer Research & Leadership Program**

**Application/Agreement Form**

**May - August 2024**

**Section 1 (Student Completes)**

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| **AVC SRLP Student Responsibilities:**I agree to…* attend mandatory in-person SRLP seminars. For any absences I must get permission from my supervisor and SRLP Coordinators. This applies even if I am taking the SRLP a second time. If my project involves biohazards, I understand I must be current on biosafety training and will need to be added to my supervisor’s biosafety permit.
* meet at least once a week, or more often as needed, with my supervisor to discuss the project.
* conduct full time research with my faculty supervisor over a 12-week period (or more).
* present a 5-minute presentation to fellow students describing my research project early in the summer.
* prepare a research abstract.
* produce a scientific poster and present a brief project summary presentation at the AVC SRLP Student Project Sessions held in late August or early September.
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| **UPEI STUDENT ID #:** | **STUDENT NAME:** |  |
|            |       |
| **INSTITUTION OR FACULTY ENROLLED IN:** | **DEGREE AND YEAR:** |  |
|       |       |
| **HOME PHONE #:** | **CELL PHONE #:** | **EMAIL ADDRESS:** |
|       |       |       |
| **STUDENT SIGNATURE: (By signing this form, I agree to the AVC SRLP Student Responsibilities)** |
| X  |

**Section 2 (Supervisor Completes)**

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| **AVC SRLP Faculty Responsibilities:**I agree to…* allow my student to attend mandatory in-person SRLP seminars. For any absences by student must get permission from myself and SRLP Coordinators. This applies even if my student is taking the SRLP for a second time. Students working with biohazards cannot miss the biosafety training session and must be added to your biosafety permit.
* meet at least once a week, or mor often as needed, with my student to provide guidance and resources necessary for a positive summer student research experience.
* assist the student in preparation of a research abstract, poster and brief summary presentation describing the summer research project.
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| **SUPERVISOR NAME:** | **DEPARTMENT:** |
|       |       |
| **PROJECT TITLE:** |
|       |
| **SUPERVISOR(S) SIGNATURE(S): (By signing this form, I agree to the AVC SRLP Faculty Responsibilities)** |
| X  |

**Student and faculty should keep a copy of this agreement for your records.**

**Submit to:** Sherri Pineau - AVC Graduate Studies and Research, Room 2309 (email: scpineau@upei.ca)

**Deadline:** Thursday, April 18, 2024, by 12:00 p.m.