

Advisor/Student Agreement

Northwestern

Department of

Neurobiology

WEINBERG COLLEGE OF ARTS & SCIENCES

**INDEPENDENT RESEARCH  
ADVISOR/STUDENT AGREEMENT**

We agree to work together as Research Advisor and student on an independent research project for the academic year.

\_\_\_\_\_  
Faculty Name

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Name

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

**Return to: Neurobiology Office, Northwestern University  
2205 Tech Drive, Hogan 2-160, Evanston, Illinois 60208**