Longitudinal Scholars Project (LSP)
Student / Project Mentor Agreement
University of Tennessee, College of Medicine

Student expectations:
• Review with mentor potential projects and their feasibility.
• Reach an agreement with the mentor to establish a collaborative relationship on an established project or agree on the title of a new project.
• In collaboration with your mentor, develop a description of the student’s role in the established project or the proposed project and the means to achieve it.
• Student is required to present his/her work in a poster at a committee agreed venue.
• Student is required to know the poster requirements for the venue in which they will present (see CORE for requirements).
• Sign the Student / Project Mentor Agreement.
• It is the student’s responsibility to submit this agreement via the “My Assignments” portal in CORE for approval and to see that both the student and mentor have a copy of the agreement.

____________________________________________  _________________________
Student Name (Print and sign)                      Date

Mentor expectations:
• Review potential projects and their feasibility with students.
• Outline existing projects or possible projects with students who have an interest in the area but no specific project ideas.
• Reach agreement with the student(s) to establish a collaborative relationship on an existing project or agree on the title of a new project.
• Agree to assist student in determining need for UTHSC IRB approval and in gaining approval and/or be prepared to add the student to your research protocol and furnish a copy of your IRB or IACUC approval and/or assist them in preparing a protocol if necessary.
• Be willing to allocate time and attention on a regular basis to the student to provide them a positive and meaningful scholarly experience.
• Share with the student any information on seminars, sessions, etc. available that may enrich their scholarly experience.
• Agree to allow student to present project in a poster format and provide guidance to the student in preparing the poster presentation.
• Sign the Student / Project Mentor Agreement. This involves a commitment to work with the student for the duration of the project.

____________________________________________  _________________________
Mentor Name (Print and sign)                      Date

Mentor’s Institution Affiliation (i.e. MUH, VAMC, etc.)
Student Name: __________________________ email: __________________________ Phone #: ________
Mentor Name: __________________________ email: __________________________ Phone #: ________
Project Title: _____________________________________________________________________

Project Description: _______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Project Classification: □ Research □ Comm/Global Health □ Patient Safety Quality Imprv
Project Location: □ Memphis □ Chattanooga □ Knoxville

Milestones (to be completed by the student):
    IRB/IACUC submission by (if needed) ____________ *
*Include IRB number if already approved or exemption letter if exempt.
    Data collection by ________________________________
    Data analysis by ________________________________
    Project completed by ________________________________ The project completion date should not go beyond the clerkship deadline date which can be found in CORE.

Presentation/Publication Goal: _____________________________________________________________________
______________________________________________________________________________
Approved: Yes □ No □ Yes, with revisions stated below □
Questions: ______________________________________________________________________________
Comments: ______________________________________________________________________________

Approved by LSP committee member (print and sign): __________________________
Date: __________________________