**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 project, agree on time commitment and scope of project.
* 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.
* Sign the Student/Project Mentor Agreement.
* It is the student’s responsibility to submit this agreement via email to Steven Henley – shenley8@uthsc.edu for approval and to see that both the student and mentor have a copy of the agreement.

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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 a project, agree on time commitment, and scope of the 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.

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Mentor Name (Print and sign) Date

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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 □ Jackson □ Nashville

**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 eMedley.

**Presentation/Publication Goal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: Yes □ No □ Yes, with revisions stated below □

Questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email completed typed form to shenley8@uthsc.edu.