

MBS Laboratory Research (15 weeks): Letter of Agreement

Course Eligibility: Matriculated students in the MBS program who have completed 9 or more course credits and who are in good academic standing are eligible to register for Laboratory Research. A student may continue their research project with the same faculty advisor for a second semester. The first semester is graded on the standard scale and the second semester is satisfactory/unsatisfactory only.

Course Expectations: Laboratory Research introduces students to biomedical research and is carried out in one of the school's basic science laboratories. Students work on a project under the guidance of a faculty advisor and their research team. The student is **expected to spend 8 to 10 hours per week** in the lab for the semester. The student prepares a short report presenting their topic, summarizing their work, and recording their results.

Submit a Laboratory Research Report to the mentor and the Program Director by the end of the semester in order to receive a grade. Please include a cover sheet stating the title of the Laboratory Research, the student name and ID number, mentor name, semester and the date.

Laboratory Research (A)-MBS is a normal letter graded course.

Laboratory Research (B)-MBS is a satisfactory or unsatisfactory graded course, hence credit only.

Laboratory Research (A) is a prerequisite for Laboratory Research (B).

Student's name (printed) _____

ID # _____

Faculty member's name (printed) _____

Semester _____

Please list the expectations and requirements of the student:

Project title:

Time to be spent in lab: M T W R F Hours per day:

Grading criteria: (example - attendance = 20% / lab techniques = 50% / written report (3-5 pages) = 30%)

To enroll, the student must complete all Lab Safety Training, complete this Letter of Agreement form, and submit it to the TBES Office (tbes@rowan.edu / Rowan Medicine Building, Suite 2200) by the end of the Add/Drop period. Contact the TBES office to learn about the Lab Safety Training. See the [Academic Calendar](#) for specific dates of the Add/Drop period for each semester. Please sign and date below.

Student _____
(signature)

Date _____

Faculty Member _____
(signature)

Date _____

Program Director _____
(signature)

Date _____