



**Coastal Environmental Sciences (CES)  
UNDERGRADUATE INDEPENDENT RESEARCH CONTRACT  
Student Plan of Study**

Once complete, research contract and RiskWaiver form should be turned in to Dr. Sibel Bargu Ates, ECE Building, Room 1235 or e-mail signed copy to: [sbargu@lsu.edu](mailto:sbargu@lsu.edu).

**A. STUDENT INFORMATION**

Name:

LSU ID:

Request for Semester/Yr:

Credits:

Choose Course: ENVS 3999 or OCS 3999

Local Phone Number:

Cell Phone Number:

Email:

**B. RESEARCH PROPOSAL**

1. Proposal Title:

2. Attach additional sheet for:

a. Preliminary Independent research project description/location - *What will you be doing? Proposed hypothesis and approach, Where?*

b. Timeline – *When will activities be done, report drafts, evaluation date, final copy, etc.?*

3. Fill, sign, and submit RiskWaiver form together with this research contract

### C. POLICIES:

1. Students cannot receive credit for both ENVS 3999 (or OCS 3999) AND Honors Thesis for the same work (these are separate courses).
2. The project cannot be retroactive (i.e., already completed).
3. The project cannot be 'transferred' from another academic institution.
4. If the student will be completing the work outside of LSU CES, the student must make all arrangements with the secondary institution prior to receiving permission from the LSU CES to pursue undergraduate research credit.

### D. STUDENT LEARNING OBJECTIVES (SLO):

(SLO 1) Identify and effectively evaluate essential supporting information and/or literature sources associated with a research project;

(SLO2) Utilize tools and strategies for gathering and evaluating data, and apply the results to the solution of the research problem;

(SLO3) Demonstrate awareness of the responsible conduct of research;

(SLO4) Identify and describe an original disciplinary or interdisciplinary research question; and

(SLO5) Articulate research findings through written, visual, performance, and/or oral presentation.

### E. REQUIRED ONLINE GENERAL LAB SAFETY TRAINING

All students are required to take the "basic on-line lab safety training" at <http://psaf-chem-safe.lsu.edu/Ehstrn/EHSTrainWebISAPI.dll/EXEC> (LSU- Environmental Health and Safety webpage) before they start working on their project. If you have the potential to work with hazardous chemicals, you need to take the additional chemical safety training. If you work with biological materials, you must take the basic biosafety training. Please consult with your faculty sponsor for these other options.

**By signing below, student acknowledges the information provided above and agrees to follow student learning objectives.**

#### Student

Name:

Email:

Signature:

Date:

**F. FACULTY & WORKSITE SUPERVISOR SIGNATURES:**

The student, faculty sponsor, and worksite supervisor (if applicable) together will outline the learning objectives (listed above) of the independent research project. Faculty sponsor (and worksite supervisor, if applicable) must complete an evaluation with the student before the faculty sponsor may grant credit for the project. Once complete, evaluation should be turned in to Dr. Sibel Bargu Ates, Room 1235, where it will be kept on file with this research contract, or e-mail to: sbargu@lsu.edu. The student evaluation form is attached.

Faculty Sponsor: Please read all the information provided above and the CES undergraduate webpage to be aware of the expectations from each student. Especially pay attention to RiskWaiver form that student needs to submit together with her/his research contract. Additionally, each student has to take online Basic Lab Safety Course before they start working on their research. But if there is any additional training necessary for the type of projects they will involve in your lab, please make sure to give them appropriate training before they start working in your lab.

**By signing below, the Faculty Sponsor and Workplace Supervisor agree to work with the student and provide supervision and evaluation before granting credit to the student.**

**FACULTY SPONSOR**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WORKSITE SUPERVISOR (If Applicable)**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be Completed by CES Office:**

Form Received: \_\_\_\_\_ SLN: \_\_\_\_\_ Inst. ID: \_\_\_\_\_  
Reg/Add Code Date: \_\_\_\_\_