## 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:		
Project Classification: ☐ Research ☐ Project Location: ☐ Memphis ☐ Cha	•	□ Patient Safety Quality Imprv
Milestones (to be completed by the st		
	by (if needed)	
*Include IRB number if already		•
Data collection by		
should not go beyond the clerk		The project completion date ch can be found in CORE.
Presentation/Publication Goal:		
Approved: Yes  No  Yes, with  Questions:		
Comments:		
A	/ - d - 1	
Approved by LSP committee member	(print and sign): Date:	
	Date.	