



**WAYNE STATE**  
**School of Medicine**

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Summer Research Expectations**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student and Advisor agree to appropriate research goals for the summer and the level of commitment/effort expected on the part of the student to achieve these goals. The expectations should be as specific as possible and mutually agreeable. The deadline for this form is June 1<sup>st</sup> of the Summer Term.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Research Goals and Expectations for the Summer Term:**



**Names**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
MS Program Graduate Director

\_\_\_\_\_  
Date