

**Longitudinal Scholars Project (LSP)**  
**Student / Project Mentor Agreement**  
University of Tennessee, College of Medicine

**Expected from Student:**

- 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 and goals of a new project.
- In collaboration with the mentor, develop a description of the student's role in the project, agree on time commitment and scope of project.
- Present the work at a LSP approved venue.
- Be familiar with and follow presentation requirements for that venue.
- Sign this Student / Project Mentor Agreement and obtain mentors signature.
- Submit this agreement to Steven Henley at [shenley8@uthsc.edu](mailto: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)

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Date

**Expected from Mentor:**

- Review potential projects and their feasibility with students.
- Reach agreement with the student(s) to establish a mentoring relationship on a project, outlining time commitment, responsibilities, milestones, and scope of the project.
- Determine need for IRB, IACUC and any other institutional approvals required for the project. Ensure that such approvals have been obtained and/or that students are added to existing protocols before they begin work on the project.
- 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 local public forum and provide guidance to the student in preparing the presentation.
- By signing this agreement, the mentor commit to the above - and to work with the student and LSP course leadership to ensure a positive learning experience.

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Mentor Name (Print and sign)

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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:

Project Classification:  Research  Comm/Global Health  Patient Safety Quality Improvement

Project Location:  Memphis  Chattanooga  Knoxville  Jackson  Nashville

**IRB Information:**

IRB/IACUC submission by (if needed) \_\_\_\_\_ \*

IRB/IACUC number, if needed and already approved \_\_\_\_\_ \*

**Project milestone dates (optional):**

Data collection by \_\_\_\_\_

Data analysis by \_\_\_\_\_

Project completed by \_\_\_\_\_

Project presentation month \_\_\_\_\_

**Presentation/Publication Goal (optional):**

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Email completed form to [shenley8@uthsc.edu](mailto:shenley8@uthsc.edu).