

Tony Ro, PhD

Presidential Professor, Psychology & Biology
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RE: Independent Research

Dear _____,

The M.S. Program in Cognitive Neuroscience's Independent Research course provides students with experience in conducting cognitive neuroscience research by reviewing relevant literature, designing and implementing experiments, analyzing and interpreting data, and/or writing manuscripts to be submitted for publication, under the guidance of a faculty member.

Prior to registering for this course, students must receive approval from their mentor to oversee their research.

As part of the Independent Research course, _____ will conduct research at _____, under the guidance of _____ from _____ to _____.

Students are required to devote approximately _____ **hours** (_____ **hours a week**, _____ **weeks**) toward their research. They are required to keep weekly logs of their activities in the laboratory and research progress. Mentors are required to oversee their students' research, meet regularly with them to monitor their progress, and assign final grades based on their students' progress and overall performance.

_____ will conduct research on:

In addition, the student and mentor will complete an [assessment form](#) indicating the student's overall research progress during the semester, what further training activities will be beneficial, and what remains to be accomplished on the research project. They must email the form and supporting documents (if applicable) to cogneuro@gc.cuny.edu by _____.

Thank you for collaborating with us to provide our students with research experience, and we look forward to working with you.

If you have any questions, please contact Wanda Mercado, Assistant Program Officer (APO), M.S. Program in Cognitive Neuroscience, at cogneuro@gc.cuny.edu.

Sincerely,

Tony Ro, Ph.D.
Director, M.S. Program in Cognitive Neuroscience
Presidential Professor, Ph.D. Programs in Psychology and Biology

I read and agree to the requirements.

Student's Name (Print)

Student's Signature

Date

I agree to mentor _____ as a part of the Independent Research course.

Mentor's Name (Print)

Mentor's Signature

Date

** This document cannot be signed electronically. It must be completed by the student, printed out, signed, and sent to Wanda Mercado, Assistant Program Officer (APO), at cogneuro@gc.cuny.edu.