

UTRGV Dean's Excellence Fellowship Fellow-Faculty Mentorship Agreement



To be submitted at the beginning of the fall or spring semester to
manar.shoshani@utrgv.edu

FELLOW'S PERSONAL INFORMATION

Name: _____
Last Name *First Name* *Middle Name*

E-mail: _____@utrgv.edu Phone: (____) _____ - _____

UTRGV ID: _____

Classification: Freshman Sophomore Junior Senior

Major: Chemistry Physics Statistics

RESEARCH PROJECT

Faculty Mentor's Name: _____

Email: _____@utrgv.edu

Title of proposed research project

Brief description of the proposed research project

I hereby certify that the information in this form is true and accurate.

PRINTED NAME

SIGNATURE

DATE: _____

Information below to be completed by the Faculty Mentor

FACULTY MENTOR'S INFORMATION

Faculty Mentor's Name: _____

Department: _____

Email: _____@utrgv.edu

Brief description of the expectations of the Dean's Excellence Fellow

SIGNATURE

DATE