



Peach State LSAMP - University of Georgia  
Research Participation Form  
UGA - LSAMP



This certifies that \_\_\_\_\_ will be conducting research activities with me during the **Fall 2024** semester. This student has committed to working a minimum of 10 hours per week on the following project(s):

Project Title: \_\_\_\_\_

\_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Supervisor's Printed Name)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Please submit this form, with original signatures, to the UGA LSAMP email ([pslasamp@uga.edu](mailto:pslasamp@uga.edu)) by September 2, 2024 at 11:59pm to confirm that the student will be an LSAMP Research Scholar. The student will not receive a stipend if they have not submitted this form.**