



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



This certifies that _____ will be conducting research activities with me during the **Spring 2025** 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) by Friday, February 14, 2025 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.