

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 Emily Duet at eduet@uthsc.edu or Keith Hembree at khembre7@uthsc.edu for approval and to see that both the student and mentor have a copy of the agreement.

Student Name (Print and sign)

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.

Mentor Name (Print and sign)

Date

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):

Email completed form to eduet@uthsc.edu OR khembre7@uthsc.edu

Updated 01/16/26