



**Laboratory Information**

Location and description of the laboratory where the educational experience will take place.

Building	Room

Proposed Start Date	Proposed End Date

Person responsible for day-to-day lab supervision	Person responsible for ensuring that all training is complete before lab activity begins.

**Supervisory Information:**

**Supervisory plan for lab activities:**

Note: Please include a description of the controls that will help ensure the safety of the student (e.g., observation only, personal protective equipment, fume hood, biosafety cabinet).

I certify that I have reviewed the [Protection of Minors Policy and Minors in Laboratories Procedures](#) and will be responsible for following all policies and procedures related to the minor’s participation in the proposed educational activities. I have received a copy of the parental consent form signed by the minor’s parent or legal guardian. I understand that I will keep this document on file permanently and will make it available for review upon request by an appropriate University department or unit.

Program Director Signature	Date