

Abilene Christian University**Student/Trainee Responsible Conduct of Research Training Plan**

Student/Trainee Name				
ACU ID				
PI on NSF Award				
Department				
Research Mentor, if different than PI				
Program/Employment Beginning Date		Program/Employment Planned End Date, if applicable		
Formal Training Activities				
Activity (Including topics to be covered and expected learning outcomes)	Expected Completion Date	Actual Completion Date	Student/Trainee Initials Upon Completion	PI/Mentor Initials Upon Completion
Informal Training Activities				
Activity (Including topics to be covered and expected learning outcomes)	Expected Completion Date	Actual Completion Date	Student/Trainee Initials Upon Completion	PI/Mentor Initials Upon Completion
Coursework, Seminars, Etc.				
Activity (Including topics to be covered and expected learning outcomes)	Expected Completion Date	Actual Completion Date	Student/Trainee Initials Upon Completion	PI/Mentor Initials Upon Completion

I have participated in the development of this training plan and agree to the activities and timeline outlined herein.

Project PD/PI/Mentor: _____ Date: _____

Student/Trainee: _____ Date: _____

Received/Reviewed By Director ORSP: _____ Date: _____