

Ethical Scientific Conduct Course Initial Training (16:115:556)
Registration Form

Semester Spring 20

Student Rutgers University I.D. _____

Postdoc Mentor _____

Other Please specify _____

Name: _____

Address: _____

Phone number: _____

Email: _____

By signing below, I certify that I will be attending the Ethical Scientific Conduct course. Upon completion and meeting the requirements, I will receive a Certification of Completion document.

Signature

Date

Approved for registration:

Signature of Course Director

Date

**Please complete and return this form to Tina Cicolella
(cicoletm@rutgers.edu)**

**675 Hoes Lane West, Research Tower Room 102 Piscataway, NJ 08854-5635
732-235-2106**