**Abilene Christian University**

**Student/Trainee Responsible Conduct of Research Training Plan**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
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| **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 |
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|  | |  |  | |  | |  |
| **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 |
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***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_