



# N681 Contract

**Instructions:**

- Type Information (you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- The completed form is submitted to Academic Affairs, Suite 1100, following the completion of N679 and prior to enrolling in N681.
- Attach appropriate documentation.
- Include Name and Campus ID on all attachments.
- Students must complete the online HIPAA Research Training Module before they will be authorized to enroll for N681. Step-by-step instructions are located on the StudentNet.  
[http://academic.son.wisc.edu/studentnet/docs/hipaa\\_research\\_training.pdf](http://academic.son.wisc.edu/studentnet/docs/hipaa_research_training.pdf)

STUDENT INFORMATION		
Campus ID	Student Name	Classification
Are you interested in senior project monies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be on financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COURSE INFORMATION	
Indicate the semester/year you plan to take N681  Fall Spring Summer	If taking N681 during Summer Session, please indicate what session:  <input type="radio"/> 8-week <input type="radio"/> 11-week <input type="radio"/> Other (indicate dates):
Name of Faculty Mentor	Title of Project

HIPAA RESEARCH TRAINING REQUIRED
Date Training has been or will be Completed (If completed, please attached HIPAA Research Training Certificate to this form)

Signature of Faculty Mentor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide an overview of your goals or objectives for your Honors project this semester. This does not have to be long, but should give us an idea of what you aim to accomplish this semester, and how you plan to do that.

Thank you!