## Signature Page of the Special Statement Regarding Participation of Students in Laboratory/Field-Based Research During the COVID19 Pandemic

I,
Date
(Student Signature)
I,, the Lab Director/Advisor, authorize the student mentioned above to perform on-site research activities under my supervision.
Date
(Lab Director/Advisor signature)
The mutual agreement of the student's willingness and the lab director/advisor's authorization has been confirmed by the Undergraduate Program Coordinator
Date
(Undergraduate Coordinator signature)