AGREEMENT FOR GUEST TRAINING AT THE

DEPARTMENT OF MOLECULAR BIOLOGY AND GENETICS (MBG)

BILKENT UNIVERSITY

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DURATION OF GUEST TRAINING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The purpose of the guest period covered by this agreement is to provide trainees with the practical application of knowledge and work methods they have previously learned as well as their first introduction to professional practice.
2. The trainees are subject to MBG and Bilkent University regulations, and thus are obliged to comply with these rules and regulations at all times. Department safety guidelines and rules should be read and understood before conducting research at MBG laboratories. This safety manual can be found at <http://www.fen.bilkent.edu.tr/~bilmbg/>; or a printed copy will be provided upon request. In need of supervision, the trainees should contact Asst. Prof. Ilyas Chachoua (Lab Safety Officer) or the Lab Supervisor.
3. Trainees are required to have Hepatitis B vaccination. The trainee is fully responsible for the consequences that may arise from not being vaccinated.
4. The trainees must honor confidentiality of documents, techniques and procedures, patentable or not, of which they have knowledge during the guest training period.
5. Trainees should disclose any existing medical condition and/or currently used medication before guest training period starts.
6. Trainees are not allowed to work alone in the lab without the presence of a graduate student in the laboratory where the guest study is conducted.
7. Bilkent University cannot be hold responsible for any type of damage or loss that may occur during the training period.
8. The termination of the guest trainee can occur before the foreseen date in the event of serious default.

I hereby agree that I have read and fully understand the implications of the above statements.

**Signature of Supervisor:**

**Signature of Guest:**

**Date:**