Student Engagement Fund

Student/Faculty Contract

Undergraduate Student: _________________________________ Z-ID# Z

Faculty Mentor: ___________________ Department: _________________________________

Student E-mail/Phone: ___________________ Faculty E-mail/Phone: ________________________________

Project Title: __________________________________________________________________________

Contract Period: (please check appropriate box & indicate year).

☐ SUMMER 2016  ☐ FALL 2016  ☐ SPRING 2017

1. Though realizing times will vary, we anticipate the student will be involved with the research project about ____________ hours per week.

2. From the student’s perspective, what understanding does he or she expect to gain?

____________________________________________________________________________________

3. What skills might be developed through this project?

____________________________________________________________________________________

4. How will you meet to discuss progress of the project?

____________________________________________________________________________________

5. What resources (journals and other literature; materials, equipment, and supplies; training or professional meetings, etc.) will be used to support this undergraduate research project?

____________________________________________________________________________________

____________________________________________________________________________________

Student Signature ___________________________________ Faculty Signature ________________________________

Please upload your completed contracts our online application system in order to complete your application.