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?

   ___________________________________________________________
   ___________________________________________________________

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