|  |  |
| --- | --- |
| **Student Name:**       | **Z-ID:**       |
| **Project Title:**       |
| **Student Email:**       | **Student Phone:**        |
| **Faculty Name:**       | **Department:**       |
| **Faculty Email:**       | **Faculty Phone:**       |
|  |  |

**GENERAL INFORMATION**

***This contract outlines the parameters of our work together on this research project.***

* **Academic year and semester(s) of participation:**
* **Undergraduate research program:**

[ ] Research Rookies

[ ] Student Engagement Fund

[ ] Research, Academic Engagement and Diversity (READ) Grant

[ ] Research and Artistry Grant (RIPS)

[ ] Other

* **We agree to work together on this project for the following semester(s):**
* **The mentee will work at least**       **hours per week on the project.**
	+ **The mentee will propose their weekly schedule to the mentor by**      .
	+ **If the mentee must deviate from this schedule (e.g., to study for an exam), they will communicate this to the mentor art least**       **(weeks/days/hours) before the change occurs.**
* **Our primary means of communication with be through:**

[ ] Face-to-face

[ ] Phone

[ ] Email

[ ] Instant messaging

[ ] Other

* **We will meet one-on-one to discuss our progress on the project and to reaffirm or revise our goals at least**       **per month for**       **(minutes/hours).**
* **In preparation for these meetings, the mentee will:**

Click or tap here to enter text.

* **In preparation for these meetings, the mentor will:**

Click or tap here to enter text.

**PROJECT RELATED INFORMATION**

**Our major research project goals are:**

Click or tap here to enter text.

**Our shared vision of success in this research project is:**

Click or tap here to enter text.

* **What, if any, of the following resources should the student use to prepare for or complete the project?**

[ ] Complete an online CITI Tutorial (animal users, human subjects research, etc.) offered through the Office of Research Compliance, Integrity & Safety

[ ] Complete lab safety training through the Office of Research Compliance, Integrity & Safety, required for all students working in labs

[ ] Complete departmental or research specific training

[ ] Consult with an NIU subject librarian for assistance finding sources

[ ] Make an appointment with the Writing Center for feedback on drafts of papers

[ ] View website and/or attend workshops offered through the Office of Student Engagement and Experiential Learning

[ ] Other

**If the mentee gets stuck while working on the project, (e.g. has questions or needs help with a technique or data analysis), the procedure will be:**

Click or tap here to enter text.

**Do you have any additional comments about this project?**

Click or tap here to enter text.

**Electronic Signatures**

|  |
| --- |
| **Student Electronic Signature (First & Last Name):**       |
| **Date:**       |

|  |
| --- |
| **Faculty Electronic Signature (First & Last Name):**       |
| **Date:**       |

I, \_Enter your first & last name \_, commit to fully participate in the selected undergraduate research program throughout the allotted timeframe that has been agreed upon with my Faculty Mentor and I acknowledge and/or agree to the following terms and conditions:

* I will complete the following program requirements:
* Join the Blackboard organization and review all relevant program materials
* Submit progress reports once a month through the Blackboard Organization and email my Faculty Mentor the report
* Submit the end of the project survey at the end of the grant period *(SEF, READ and RIPS Grant recipients only)*
* Present my research at NIU’s Conference on Undergraduate Research & Engagement in April

* + - I will remain in good standing with the university (academically, judicially and otherwise) and understand that failure to do so could result in possible dismissal from the program.
		- I will work on my project, under the direction and guidance of my faculty mentor. I acknowledge that full participation includes hours completed at the library, laboratory, or other locations determined by my faculty mentor.
		- I will complete all prior approvals (IRB, IUACC, etc.) as directed by my faculty-mentor before conducting research, including lab safety training.
		- I will maintain regular, ongoing communication with my faculty mentor and OSEEL Administration regarding any personal difficulties that arise during my experience with the program.
		- I understand the requirements and expectations for the program and accept the terms of agreement.

\_Enter your first & last name\_\_\_\_\_\_\_\_\_\_\_\_ \_Enter the date\_\_\_\_\_\_\_

  URA Signature Date