|  |  |
| --- | --- |
| **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