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)

□ SUMMER 2015
□ FALL 2015
□ SPRING 2016

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.