

Hamel Center for Undergraduate Research

INCO 590: STUDENT RESEARCH EXPERIENCE

Student-Faculty Contract

Academic Year: _____ **Check one:** **Fall:** **Spring:** **Summer:**

Student Name: _____

SS #: _____

Email: _____

Major: _____

No. credits to be earned: _____

Class Standing:

Research Area: _____

Freshman Sophomore

Junior Senior

Description of Research Activities:

**Work Schedule or Estimated
Number of Hours per Week:** _____

Faculty Mentor: _____

Department/Program: _____

Address:

E-mail: _____ **Phone:** _____

Faculty Mentor: Please read the statements below and the student's contract on page 2. If the information in this contract meets your approval, please sign at the bottom of page 2. If you have questions, contact the UROP Office, 2-4323.

The above named student will be involved actively in research activities. I understand that students who are involved **primarily** in clerical, clinical, and laboratory maintenance tasks are not eligible for INCO 590.

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I understand that this student will receive one credit (grade of “Credit”) for every three hours of work per week on this project. I understand that students may enroll in no more than a maximum of 4 credits of INCO 590 per semester, and a total of 8 credits during their undergraduate careers.

I understand that I may sponsor no more than five INCO 590 students per semester. (If you have questions about this limit, please contact: Dr. Donna B. Brown)

I agree to submit the Faculty Report by Wednesday of finals week. I understand that this student will not receive INCO 590 credit until that form is filed with UROP. UROP will complete the final grade roster.

Student Contract: Please read carefully then check off that you intend to comply:

- I understand that to participate in INCO Student Research Experience, I must be engaged actively in research activities. I understand that my project must provide me with some measure of independence and fall within the research area of my faculty mentor. I will not be engaged primarily in clerical, clinical, or laboratory maintenance tasks. I understand that if my research plan does not demonstrate involvement in research activities, this contract will not be approved, and I will not be enrolled in INCO 590.
- I understand that for this contract to be approved and for me to be enrolled in INCO 590, I must be in good academic standing and enrolled in a baccalaureate degree program.
- I understand that a maximum eight credits of INCO 590 can be applied toward my degree.
- I understand that I may drop INCO 590 any time before the deadline for dropping a course. I also understand that should I wish to drop INCO 590 after this deadline without penalty, I must submit a petition to the college dean. I realize that INCO 590 will not be dropped automatically.
- I understand that INCO 590 is graded on a Credit/Fail basis and that if my mentor believes I should receive fewer credits than originally registered for, I may petition the Academic Standards and Advising Committee to receive a reduced number of credits (if I registered originally for two or more credits) or my mentor may assign a grade of Incomplete and permit me to complete the research the following semester.

Student Researcher: _____ **Date:** _____

Faculty Mentor: _____ **Date:** _____

Faculty Mentor’s Chair: _____ **Date:** _____

Each student researcher and faculty mentor should retain a copy of this contract.

Student: The original, signed copy of the contract must be received by the Director of Undergraduate Research (Hood House 209) before you will be allowed to enroll for INCO 590. If you are registering during the add-drop period, you must then ask the Director to sign a Change of Registration form which you then take to the Registrar’s Office.