



URAP Student-Faculty Agreement

Student Name: First _____ Last _____

ID # _____ **Email Address** _____

Mailing address _____

Major _____ **College** _____ **Tel** _____

Gender: M _____ / F _____

Race/Ethnicity** Choose the one that best describes you:

- G American Indian/Alaskan Native
- G Black/African American
- G Asian/Pacific Islander
- G Hispanic
- G White
- G Other
- G Choose not to answer

**The University of Maryland requests this information solely for the purpose of determining compliance with federal civil rights laws. Your response is completely voluntary and will not affect consideration of your application. By providing this information you will assist us in assuring this program is administered in a non-discriminatory manner.

IMPORTANT: *As a participant in URAP, it is important for you to gain as much as you can from this experience. Your time is valuable—make sure you get the most out of your research experience:*

1. Make sure you have time to commit to this project
2. You will be the most satisfied with the experience by making a sincere and enthusiastic commitment to the project
3. Keep in mind that you may be working on a small part of a larger project
4. Be open with your faculty mentor by asking questions and discussing obstacles when they arise

At the end of the semester, you will be expected to turn in a **2-page progress report** that includes what you learned over the semester and any obstacles you encountered. One copy will go to your faculty mentor and one will go to the Maryland Center for Undergraduate Research.

Time Commitment as discussed with faculty mentor: _____ hours/week (typically 4-6)

Student Signature _____ **Date** _____

If you have any questions about URAP, please contact, Lee Schwentker, Program Coordinator at the Maryland Center for Undergraduate Research: (301) 314-6786 / ugresearch@umd.edu

*Please return these 2 pages to the Maryland Center for Undergraduate Research by **mail, fax or in person** by **Monday, February 25, 2008** to:*

Ioana Stoica
2100D McKeldin Library
Maryland Center for Undergraduate Research
College Park, MD 20742
fax: (301) 314-9118



URAP Student-Faculty Agreement

To be completed by Faculty Mentor:

Faculty Mentor _____ **Department** _____

Campus Address _____

Email Address _____ **Tel** _____

Title of Research Project:

Brief Description of Work Assignment:

How often will the student meet with a mentor to discuss progress/obstacles:

This experience is a valuable opportunity for students to learn about the research process and about a particular field of research. Please discuss how you plan to help the student understand the “big picture” of your project:

Your student is expected to produce a 2-page progress report at the end of the semester that details what he or she learned over the semester. One copy should go to you and one should go to the Maryland Center for Undergraduate Research.

Faculty Signature _____ **Date** _____

Students should return this form by February 25, 2008 to:

Ioana Stoica
2100D McKeldin Library
Maryland Center for Undergraduate Research
College Park, MD 20742
fax: (301) 314-9118