



UCARE Agreement for 2008-09 Year 1

I understand that to be a participant in the UCARE program I need to do the following.
Failure to comply with any of the following may result in the loss or suspension of funds.

1. **Keep** accurate time cards and hand in my time cards to the department on a regular basis.
2. **Attend** the fall kick-off for UCARE or if I cannot attend gather orientation information by speaking directly with the Director of Undergraduate Research.
3. **Set aside** time outside of my academic course load to devote to my faculty sponsor and to my UCARE experience.
4. **Use** at least half of my first year UCARE funding, or I may not receive full second year funding.

Additionally, in return for receiving UCARE funding we ask that you:

5. **Notify** the Director of Undergraduate Research **immediately** if you can no longer participate in the UCARE program.
6. **Keep** the Director of Undergraduate Research updated as to your address, phone number, and email address at all times.
7. **Fill** out and submit all questionnaires.
8. **Acknowledge** UCARE in any publications, presentations, or interviews.
9. **Present** at the annual Undergraduate Research Conference if participating in the UCARE Program for only one year.

By signing this form, you are formally accepting your UCARE award.

Student Signature _____ Date _____

Student name (please print) _____

Faculty Signature _____ Date _____

*Please sign and return to:
The Office of Undergraduate Studies
201 Seaton Hall (0683)*



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