



UCARE Agreement for 2008-09 YEAR 2

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. **Present** the outcome of my independent research project in the Undergraduate Research Conference held at UNL.
3. **Set aside** time outside of my academic course load to devote to my faculty sponsor and to my UCARE experience.

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

4. Notify the Director of Undergraduate Research **immediately** if you can no longer participate in the UCARE program.
5. Keep the Director of Undergraduate Research updated as to your address, phone number, and email address at all times.
6. Fill out and submit all questionnaires.
7. Acknowledge UCARE in any publications, presentations, or interviews.

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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