



UCARE Agreement for 2009-10
Year 1

I understand that to be a participant in the UCARE program I need to do the following. **Please initial** each statement to indicate that you have read it.

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 either weekly or bi-weekly.
2. ___ **Attend** the fall kick-off for UCARE or if I cannot attend gather orientation information by contacting the UCARE Office.
3. ___ **Set aside** time outside of my academic course load to devote to my faculty sponsor and to my UCARE experience.
4. ___ **Notify** the Director of Undergraduate Research **immediately** if you can no longer participate in the UCARE program, or if there is an interruption in your participation in the program, such as study abroad.
5. ___ **Keep** the Director of Undergraduate Research updated as to your email address at all times.
6. ___ **Fill out** and **submit** all questionnaires.
7. ___ **Acknowledge** UCARE in any publications, presentations, or interviews.
8. ___ **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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