



UCARE Agreement for 2009-10  
Year 2

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. \_\_\_ **Present** the outcome of my independent research project in the Undergraduate Research Conference held at UNL in the spring.
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.

**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)*



The University of Nebraska–Lincoln is an equal opportunity educator and employer with a comprehensive plan for diversity.