Student - Faculty Directed Research Agreement

The purpose of this document is to set clear expectations for both an undergraduate student and their faculty mentor as a guide for the student's research experience. This document will also be used to formalize the terms of research collaborations between a student (or students) and their faculty mentor for the project described below. This document addresses some of the specific tasks, responsibilities, and other relevant issues associated with the conduct of scientific research. Students and their faculty mentor will need to complete this form together, sign, and return to the Undergraduate Microbiology Program at mibougrad@uga.edu.

***Note**: If more than one student will be working on the same project, each student will need to fill out a separate form with their faculty mentor.

Fitle of Project:
Name of Undergraduate Student:
Name of Faculty Mentor Supervisor:
Name of Project Supervisor if not Faculty Mentor:
Name of other undergraduate student(s) involved in project:

Schedule of Student

Expected start date:	*End date for p	roject is last day of class (08	/02/23)*
Number of hours each week (lab/conducting research:	•	• •	
Will student be expected to w	ork weekends? YES	NO	
Will student be expected to w	ork evenings? YES	NO	
Provide additional information	n as to number of evening	and expected time(s):	
Indicate the weekly schedule	of when student will be pr	esent in lab for lab work:	
* Note: Student will <i>NOT</i> be red	quired to work academic he	olidays (Memorial Day, Juntee	enth, etc.)
Sunday:			
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
Saturday:			

Describe or list below what bench skills the student may need to master in order to begin their project (I.e., PCR, patching on plates, inoculation methods, etc.):

Additional to the project itself, some lab duties are shared among lab members. Please list any jobs/tasks that would be expected of all lab participants or for those working specifically on this project (dish washing, autoclaving, data entry, etc.)

Student Goal Timeline (tentative schedule of when tasks should be completed): Indicate when types of goals in the project would potentially be reached during the semester. Not every line must be filled in; choose which dates would be potential benchmarks.

*Dates based on UGA Extended Summer Session Schedule and may vary by student start date.

Week of May 22:	 	
Week of May 29:	 	
Week of June 5:		
Week of June 12:		
Week of June 19:		
Week of June 26:		
Week of July 3:		
Week of July 10:		
Week of July 17:		
Week of July 24:		
Week of July 31:		

Communication Expectations

As a participating student in MIBO 4960R/4970R/4980R, I will communicate in a timely manner if I am to be absent on expected project workdays.

Student Initial: _____

Please indicate the best method of communication between the faculty mentor and student:

____ UGA email _____ Group chat (Teams, GroupMe, etc.)

*Note: Phone calls and text messages should only be used in emergencies as they pertain to a student's project.

The Undergraduate Student conducting research agrees to the above-mentioned guidelines and clearly understands the expectations set forth by their Faculty Mentor. The student agrees to be transparent about any issues regarding their research or their capabilities of completing their project. The student also agrees to contact Dr. Jennifer Walker, the Microbiology Undergraduate Coordinator, if they or the Faculty Mentor do not meet the terms in this agreement.

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Undergraduate Student Signature:	Date:	

The Faculty Mentor or Project Supervisor agrees to communicate clearly and concisely with student about all expectations, responsibilities, needs, or issues during the length of the student's mentored research project. The Faculty Mentor also agrees to treat all students equally and respectively as the student completes the research project in their lab. Finally, the Faculty Mentor agrees to contact Dr. Jennifer Walker, the Microbiology Undergraduate Coordinator, if the student is not meeting the expectations described in this agreement.

Faculty Mentor/Project Supervisor Signature:	Date:
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