

RESEARCH AGREEMENT

CAS Degree-Seeking Student and Faculty Sponsor



Student Name: _____ NUID: _____
CAS Major(s): _____ Minor(s): _____
<input type="checkbox"/> B.A. <input type="checkbox"/> B.S. Catalog Year: _____ Expected Graduation: _____
Faculty Sponsor Name: _____ Email: _____
On-site Supervisor (if different from Faculty Sponsor): _____
Faculty Department: _____ Research Location (Room, Building): _____
Research Lab, Project, or Topic: _____
Please select any that are applicable to this experience: <input type="checkbox"/> UCARE Sponsored <input type="checkbox"/> Undergraduate Thesis <input type="checkbox"/> Fieldwork
Date of Start: _____ End: _____ Hours/Week: _____ Pay Rate: _____ or <input type="checkbox"/> Unpaid
DUTIES, TRAINING, BENCHMARKS, ACADEMIC WORK Describe the primary responsibilities of the student researcher, any safety or other training planned, benchmarks for progress, and any academic work expected during or upon conclusion of the research experience.
ACADEMIC CREDIT PLANNED Research courses require permission to enroll, which is granted after the research agreement is completed and reviewed by the instructor.
<input type="checkbox"/> CASC 98 (0 cr) <input type="checkbox"/> Other: _____ Credit Hours: _____ Academic Term: _____
VERIFICATION: Signatures indicate agreement on the terms described, and willingness to honor them for the duration of the research experience. If significant changes occur, for the student or the faculty sponsor, please contact a CAS Career Coach at cascareers@unl.edu
STUDENT SIGNATURE: _____ Date: _____
FACULTY SPONSOR SIGNATURE: _____ Date: _____

