UBRP COMMITMENT FORM – ACADEMIC YEAR 2024-25

Regular Continuance (For Students Ineligible for Federal Work-Study)

Student Name:	Student SID:
Mentor Name:	
Brief Description of Student's Research I	Project:
<u>ACADEMIC YEAR EX</u>	(PECTATIONS FOR UBRP PARTICIPANTS:
	east 10 hours/week to make significant progress on a project. eir work at the Annual UBRP Conference in January 2025. plete an evaluation in May 2025.
UBRP OPTIO	NS FOR ACADEMIC YEAR 2024-25:
academic credit for research work, we defer this area. Students and mentors should disc below. All students should work at least 10 or both. Students will be considered active in	d UBRP do not have a general policy regarding pay versus to each faculty mentor's personal and/or departmental policies in uss needs, interests, and policies to determine the proper option hours/week, regardless of if it is for pay, credit, one or the other, in UBRP for 2023-24; if their graduation date is December 2024 or sistion in Summer 2025, pending supportive mentor evaluations.
Choose only ONE of the following:	
 OPTION 1: Academic Credit or Volunte The student will arrange for any academic Credit or Volunte 	er Only (no pay). demic credit directly through the appropriate department.
	2% ERE) will be provided 100% by the mentor, using the account sity policy, the maximum number of hours a student can report for
 The student's wages (\$15.50/hour a account designated on this form. Pe report for pay while enrolled in class 	eek for pay and hours/week for academic credit. nd 2% ERE) will be provided 100% by the mentor, using the r University policy, the maximum number of hours a student can
OPTION 4: Both Pay and Academic Cre	dit for the Same Hours Worked.
account designated on this form. Pe report for pay while enrolled in classThe student will arrange for academ	ic credit directly through the appropriate department.
Pay will be as a stipe	nd from remaining Beckman funds

STUDENT

By signing below, I:

- Agree with the option selected above.
- Understand and agree to the expectations outlined above and in the UBRP Student Handbook.
- Agree to report time worked in a timely manner and to notify my time approver when I have entered my hours.
- Understand the conduct of research ultimately is an activity done at my own risk.

 While UBRP mentors have the responsibility to provide all the necessary training to students and to maintain the safest lab/field environment possible, in the event an unpredictable accident occurs, a student's own health insurance will be the primary source of coverage for any medical costs. UBRP strongly recommends that all students have personal health insurance.

Signature:	Date:

FACULTY MENTOR	
E-mail address:	
Dept.: Phone:	
Will this student be working with animals?Yes (species:)No	
Will this student be working with radiation?YesNo	
If Option 2, 3, or 4 above is selected, please complete the following information.	
Account number (& subaccount, if applicable): Account End Date:	
Student's Supervisor: Supervisor's Position #:	
Student's Time Approver: Time Approver's Position #:	
Business Office Contact/Accountant Name:	
Business Office Contact/Accountant E-mail: Phone:	
 By signing below, I: Understand the expectations listed above. If Option 2, 3, or 4 is selected, I authorize the use of the above account for the purposes of paying 100% of the UBRP student's wages (\$15.50/hour + 2% ERE) from August 26, 2024 – May 15, 2025. 	
 Understand it is my responsibility to maintain a safe working environment and ensure this student receives the appropriate training (general lab safety, radiation safety, etc.) for the work to be done under my mentorship. 	
Signature: Date:	