UNDERGRADUATE RESEARCH LEARNING CONTRACT

IT IS THE STUDENT'S RESPONSIBILITY TO SUBMIT THIS CONTRACT.
Submit form to: https://tinyurl.com/QUIM4999

Section I. Student & Research Mentor Information (Please print legibly.)

Student Name________________________ Email________________________@upr.edu
Classification________________________ SID#________________________ Phone________________________
College(s)________________________ Major(s)________________________
Mentor's Name________________________ Email________________________@upr.edu
Mentor's College________________________ Mentor's Department________________________

Section II. Research Experience (Please print legibly.)

Research Site________________________________________________________
Research Topic/Title________________________________________________________
Start Date________________________ End Date________________________ Expected hours per week________

Project Goals/Activities and Deliverables (Overall & student-specific outcomes. Include project products such as presentations, papers, gallery space, articles, etc.)

Brief Methodology or Process for Project (Specific measurements, brands, etc. are not needed here)

Skills to be acquired/exercised

Knowledge/training to be acquired

Recording/Reporting and Safety Requirements (e.g., notebook, journal, blog)

Project Expectations (e.g., meeting participation, trainings, additional readings, authorship rights)
### Section V. Work Schedule

<table>
<thead>
<tr>
<th>Time hours/week</th>
<th>Week</th>
<th>Planned Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section III. Compensation (Please print legibly.)

The student researcher ☐ will ☐ will not be compensated with ☐ hourly rate ☐ stipend during the experience at _____________ per ____________.

### Section IV. Emergency Contact Information

Name of the person to contact in case of emergency: __________________________

Phone: __________________________

### Section V. Academic Credit (Please print legibly.)

Course Section_________________________ Semester: Fall Spring Summer Year_____

Credit Hour(s)____ (insert "0" if non-credit)  

Note: 5 hours/week = 1 credit hour

### Section V. Approval Signatures

We, the undersigned, indicate approval of this experience described in this learning contract. Amendments may be made with agreement between researcher and research mentor.

Student Researcher Signature_________________________________________ Date________________

Research Mentor Signature_________________________________________ Date________________

Submit completed contract to uprrp.quimica@upr.edu for scanned distribution to all parties included in this document.

Optional: List additional email addresses below if others should receive a scanned copy of this document.

_________________________________________  ______________________________________

_________________________________________  _______________________________________