



Undergraduate Research Opportunities Program  
 Office of Research  
 530 David M. French Hall  
 Flint, MI 48502-1950  
 Phone: 810-762-3383  
 Fax: 810-766-6791  
 www.umflint.edu/research/UROP



## Program Contract

*Please read this contract carefully and fill it out completely. This form must be completed and submitted BEFORE you begin a new project or if you are making salary changes to an existing project.*

### Mandatory requirements

1. UROP Orientation
2. PEERRS Certification
3. University employment process completed; **BEFORE student begins ANY work.**
4. *Signed* timesheets submitted to the Office of Research **on the specified due dates**

UMID # \_\_\_\_\_

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Dept. \_\_\_\_\_

Semester worked (please check one):

Winter       Spring       Summer       Fall      YEAR: \_\_\_\_\_

Compensation (please check one)

Wages       Work study       Volunteer Points

\*\* Negotiated hourly rate *for paid students* (cannot exceed \$15/hr):      \$ \_\_\_\_\_ per hour

#### STUDENT STATEMENT OF AGREEMENT:

By signing this contract, I agree that I will not begin the project until I have been authorized to work by Human Resources or (if I have been previously authorized) until I am notified by UROP. I acknowledge that I will not be compensated for any work I have completed prior to receiving such authorization. Further, I understand that I must satisfy ALL University employment requirements before starting the project and that failure to do so may lead to termination of employment by the Office of Research.

#### FACULTY STATEMENT OF AGREEMENT:

By signing this contract, I agree that my student assistant(s) will not begin the project until I have been notified by UROP and that my student(s) will not be compensated for any work completed prior to being notified. I understand that I am not allowed to assign my student assistant(s) work of ANY type before they have been authorized to work. If I am found to be in non-compliance, my department will be held fully responsible for any penalties enforced by Human Resources that may come as result.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Project #: \_\_\_\_\_ Date filed: \_\_\_\_\_ Approved by: \_\_\_\_\_