

Oklahoma State University

UNDERGRADUATE RESEARCH CONTRACT

CONTACT INFORMATION | Student

Name: _____ CWID#: _____
 Local Address: _____ Local Phone#: _____
 E-Mail Address: _____

CONTACT INFORMATION | Faculty Mentor

Name: _____ College: _____
 Department: _____
 Campus Address: _____ Campus Phone#: _____
 E-Mail Address: _____
 Graduate Assistant (If Applicable): _____

PROJECT INFORMATION

Title: _____
 Description: Provide a brief project description, noting significant objectives.

RESPONSIBILITIES AND EXPECTATIONS | Student

Time Commitment:	Start Date:	Click here to enter a date.	End Date:	Click here to enter a date.	Hrs/Week:
Designated Tasks:	Describe the tasks designated for the student specified above, noting meeting and reporting requirements.				

RESPONSIBILITIES AND EXPECTATIONS | Faculty Mentor

Role and Learning Outcomes: Describe the faculty mentor's role in the project described above, noting anticipated learning outcomes for the student specified above.

CREDIT (IF APPLICABLE)

Course#: _____
 #Hrs. _____
 Semester: _____

SIGNATURES

 Student Date

 Faculty Mentor Date