# **Student/Mentor Agreement**

# Project Title: -

Thank you for your interest in participating in research in my group. This document serves as a shared contract to achieve the goals of the project

The goal is to:

* Clarify expectations for you as a researcher
* Define specific, measurable goals that can be achieved in the proposed timetable.
* Review the specific project goals, research design, method of data collection and analyses at the outset of the project.
* State expectations for regular meetings

1. **Student information**

* Name
* Email Address
* Cell Phone Number

1. **Research Group and Principal Investigator (PI) Information**

PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. email:
  2. Phone:

Co-Investigator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. email:
  2. Phone

## **Student Agreement**

I, **insert student name here**, agree to the following:

1. I am in good academic standing in my UMKC coursework and have no letters of unprofessionalism in my file.

Yes  No

1. I commit to Project XXX starting date \_\_\_\_\_ and ending date \_\_\_\_\_.

Yes  No

1. I will dedicate a minimum of ? hours per week to this project, specify days and times.

Yes  No

1. I have completed all of the necessary training required by UMKC, affiliate hospital, or PI.

Yes  No

1. I will work with integrity and collegiality with team members to ensure that the project is completed with the highest ethical standards. If I have an illness or personal emergency that will not allow me to attend, I will notify my team members immediately.

Yes  No

1. If I seek to publish or present data from my research, I will forward all abstracts, posters, and publications to the PI for their review before final submission. Per University policy, the University owns all collected data.

Yes  No

By signing this form, I acknowledge my intent to comply with the above items.

**Student Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Mentor Agreement**

1. I will provide appropriate training for the project and answer questions and address concerns throughout the entire program.

Yes  No

1. I will outline specific goals that can be achieved in the outlined project time period.

Yes  No

1. I will review IRB applications prior to submission and ensure standards of ethical conduct.

Yes  No

1. I will assist with data analysis and interpretation of any project that arises from this project.

Yes  No

1. I will review and provide feedback on abstracts, posters, or publications.

Yes  No

1. I will communicate monthly by email or in person to assess progress and to address concerns.

Yes  No

By submitting this form, I acknowledge that I am responsible for the accurateness, ethical and legal oversight of the student and the project.

**Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit this signed form to the UMKC School of Medicine Associate Dean for Research –** [*nicholsap@umkc.edu*](mailto:nicholsap@umkc.edu)