# **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*