

**UGS 310, UGS 320:
Undergraduate Research Experience Course Contract**

Turn in this completed form to:

Undergraduate Research Coordinator
Flawn Academic Center (FAC) Room 33
512-232-7564

Student Name: _____

Student EID: _____ Student email: _____

Semester / Year of research experience: _____

Course Number: _____

Unique Number: _____

Faculty Supervisor Name: _____

Supervisor Department: _____

Items 1-4 must be completed by student in collaboration with faculty supervisor.

1. In the space provided below or in an attached document, describe the proposed research experience (topic of research, description of project, etc.).

student name _____

2. Requirements and expectations (reading list, number and length of papers, additional activities, due dates, etc.).

3. Frequency of professor/student conferences (weekly in-person meetings, email contact each week, etc.).

4. Basis for grading (percent of grade determined by writing assignments, readings, research, additional evaluations, etc.).

Faculty and Student:

I acknowledge the following hour requirement for enrollment in a 3-hr course:

- 160-180 hours of work (about 10 hours/week) per semester.

We agree to the terms stated in items 1-4 above.

Student Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

For Office Use:

Received on: _____ Approved Denied

Date registered in course: _____ Initials: _____

Signature of Undergraduate Research Coordinator: _____