

CONTRACT FOR RESEARCH INVOLVEMENT

SECTION I: DEADLINE AND SUBMISSION INFORMATION

This form must be signed and returned the Honors College prior to start of work activity and at least two weeks before the last day to ADD a class for the semester you wish to earn the credits toward.

Research Contracts may be submitted electronically to honors@buffalo.edu (Attn: Jessica Gorski) using this writable PDF or in person to 106 Capen Hall during regular business hours.

SECTION II: PERSONAL INFORMATION

Student Last Name _____ **Student First Name** _____
Person Number _____ **Email Address** _____@buffalo.edu
Cell Phone _____ **Class Year (FR/SO/JR/SR/5)** _____
Cumulative GPA _____ / 4.00 **Expected Graduation (MM/YYYY)** _____
Major(s) _____ **Accepted** **Intended**
Minor(s) _____

SECTION III: FACULTY SUPERVISOR

Faculty Supervisor _____
Address _____ **City** _____ **State** _____ **Zip** _____
Total Hours Expected _____ **Number of Credits** _____ **Dates of Service** _____

Explain how this research fits into your career or academic plans.

SECTION IV: AGREED UPON WORK SCHEDULE AND RESPONSIBILITIES

Days	Hours
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____

List in the box below the specific tasks assigned to you by your supervisor and to which you agreed.

SECTION V: RESEARCH AGREEMENT

The Honors College can offer you one credit hour for every 45 hours of research. This ratio is consistent with all academic departments across campus.

To the Supervisor: This student has chosen to complete a 45 hour minimum research experience with you. This activity will meet one of the student's Honors College Experience requirements. Please complete and sign this form and return it directly to the student. You will be responsible for working with this student and providing responsibilities and feedback to the student. You will be asked to assign a grade to the value and impact of the students work at the end of the semester.

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____

Supervisor's Email Address _____

Supervisor's Signature _____ **Date** _____