

## UROP Faculty Mentor Agreement Form

UCI Senate Faculty and Lecturers may serve as a Faculty Mentor on a UROP Proposal. Thank you for your support of undergraduate research and willingness to serve in this important role.

**Instructions to the Faculty Mentor:** Please meet with your student(s) to review their proposal, address any concerns you may have, and suggest revisions before the submission deadline. After reviewing their proposal, please download, complete this form electronically, save, and send to the student. The student then should upload their reviewed proposal, their personal statement, and this form **by the submission deadline of Wednesday, November 2, 2022 at 11:59 pm.**

**Proposal Title:**

**Student Researcher Name(s):**

**As a Faculty Mentor for this project, I or my designee below, agree to mentor the student researcher(s) named on this proposal.** In an effort to increase the value and impact of the UROP experience for the student(s), we expect you to be proactive, both in defining expectations for the project and in guidance and oversight of the project. In accepting this UROP project, you (or your specified designee) are agreeing to engage in mentoring activities throughout each quarter.

**Please specify the name and title/role** of the primary contact for this purpose (e.g. you, a graduate student, post doc, etc.):

Please check here if there are other more senior undergraduate      or graduate      students that this student can work with.

Please indicate your expected time commitment from the student for this project to make sufficient progress:

I have reviewed this proposal and certify that it is reasonable to expect that the project will be successfully completed within the timeline specified.

**Comments, if any (optional):**

**This proposal is:**

Requesting Research Experience Recognition without funding

Requesting funding from UROP, which will be transferred to the faculty mentor's school.

**If funding is requested, please verify:** I have reviewed the itemized budget and certify that it is reasonable budget for this project. If any projected expenses are not central to the project, or can be obtained for free elsewhere, I have advised the student to remove these items from the budget.

I am providing/can provide the student with additional funding to support this project:

Yes      No      Unsure

If yes, please indicate amount of additional funding available and source:

This project involves human subjects      Yes      No

**If yes**, please review the [Exempt Self-Determination Tool Instructions](#) and check ONE of the options below:

I have self-determined that this project qualifies as Exempt.

I am in the process of determining if this project qualifies as Exempt.

I have determined that this project does not qualify as Exempt and has already received full IRB Approval.

I have determined that this project does not qualify as Exempt and is being/will be reviewed by the IRB.

This project involves animal subjects      Yes      No

**If yes**, please review the [IACUC review website](#) and check ONE of the options below:

I have determined this project has already received IACUC approval

I have determined this project is being/will be reviewed by the IACUC.

**Comments, if any (Optional):**

**Faculty Mentor Name:**

**Faculty Mentor Signature** (electronic signature OK):

**Questions? Please contact UROP at [urop@uci.edu](mailto:urop@uci.edu) or (949) 824-4189 for assistance. Thank you.**