

## UROP Graduate Student Mentor Agreement Form

UCI Graduate Students applying to the Interdisciplinary Research Teams program should complete this form. Thank you for your support of undergraduate research and willingness to serve in this important role.

**Instructions to the Graduate Student Mentor:** Please meet with your student(s) to review your team proposal and make any necessary revisions. Then download, complete this form electronically, save, and obtain approval from your Faculty Mentor/Advisor. After obtaining their electronic signature, upload this form with your team's proposal and personal statements **by the submission deadline of Friday, November 8 at 11:59 pm.**

**Proposal Title:**

**Student Names:**

**As a Graduate Student Mentor for this project, I agree to mentor the undergraduate students named on this proposal.** In an effort to increase the value and impact of the IRT experience for students, we expect you to be proactive, both in defining expectations for the project and in guidance and oversight of the project. You are agreeing to engage in mentoring activities throughout the year.

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 students for this project to make sufficient progress:

I certify that it is reasonable to expect that the project will be successfully completed within the timeline specified.

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

I have completed the UCI [Mentoring Excellence Program](#) (recommended, not required).

**Important Note:** Graduate students should consult with their Faculty Mentor/Advisor prior to applying to gain approval to pursue this research project.

I have discussed this application with my Faculty Mentor/Advisor and have their approval (signature required below).

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 Instructions](#) and check ONE of the options below:

My Faculty Advisor has self-determined that this project qualifies as Exempt.

I am in the process of determining if this project qualifies as Exempt with my Faculty Advisor.

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 [Guidance for Determination of IACUC Review](#) 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.

**Graduate Student Mentor Name:**

**Graduate Student Mentor Signature** (electronic signature OK):

**To Be Completed by the Graduate Student's Faculty Mentor/Advisor:**

I approve this graduate student to pursue this research project.

**Faculty Mentor/Advisor Name:**

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

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

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