**Contract for Undergraduate Research in the Chemistry Department**

**Morrissey College of Arts and Sciences at Boston College**

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class year\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor of record (submits grade) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Primary mentor (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number & title of course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **check if sophomore in Chemistry Honors track**

**For Fall\_\_\_\_\_\_ Spring\_\_\_\_\_ 20\_\_\_\_\_\_ Total number of credits\_\_\_\_\_\_\_\_**

**The student and mentor have met and agreed to the following conditions for receiving academic credit for research in this course.**

1. **Minimum number of hours per week to be actively spent by the student on the research project (laboratory, literature, or other work directly related to the research).**
2. **Frequency and duration of regular meetings between student and mentor.**
3. **Other required activities, such as, attendance at seminars and/or group meetings, written progress reports, oral presentations, etc.**
4. **If applicable, list details and deadlines for completion of required activities.**
5. **Criteria for evaluating student performance**
6. **Additional comments**

**Both student and instructor must sign to acknowledge their agreement to and understanding of the terms above:**

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**Student signature Date**

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**Instructor of record signature Date**

**If you are a Biochemistry major and would like this research to fulfill advanced elective credit, you must have Prof. Jia Niu sign here:**

***Off-campus Research***

**Off-campus supervisor name**

**Institution**

**Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of off-campus supervisor Date**

**In addition, students working in off-campus labs must attach a description of the research project.**

**A copy of this contract will be filed in departmental offices.**