**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**

**CENTER FOR UNDERGRADUATE RESEARCH**

**Drapeau Summer Research Grant Program**

**MENTOR APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Mentor’s Name |  | | |
| Title/Position |  | Department |  |
| Email |  | Empl Number |  |
| Student’s Name |  | | |
|  | | | |
| **Statement of Support**  *Clearly summarize your support for the proposed research or creative activity. Please describe the specific ways in which you will mentor the student and provide your evaluation of his/her capacity to complete the work.* | | | |
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**Faculty Agreement**

I understand that:

* If my student is accepted into the Donald Drapeau Summer Research Grant Program, I will provide regular mentoring and advice for the project.
* I will ensure my student completes CITI training and obtain any necessary IRB and/or IACUC approval before beginning their project.
* I understand that the funds will be placed in my DE account and I will be responsible for overseeing that their disbursement follows university policies and procedures.
* My student will expend the budget as outlined in the application, and the student will not be expected to expend any additional personal funds for this project.
* My student will be provided with professional development opportunities specific to his or her project as available. I will include the undergraduate student in any regular research team meetings and promote understanding of the larger context of the project.
* My student will be expected to share their results in a professional forum, including on-campus conferences, exhibitions, or meetings; undergraduate-focused research conferences; and disciplinary meetings, conferences, or shows. I will share these opportunities with my student as I learn of them.
* I understand that if my student does not fulfill the requirements associated with the Drapeau Summer Research Grant Program that this may affect my ability to sponsor students in the future.

Typed Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_