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|  | **Drapeau Summer Research Grant Mentor Support Statement** |

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| **Mentor’s Name** | Click or tap here to enter text. | **USM ID** | Click or tap here to enter text. |
| **Mentor’s Email** | Click or tap here to enter text. | **Title/Position** | Click or tap here to enter text. |
| **School** | Choose an item. | **Program** | Click or tap here to enter text. |
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| **Student’s Name** | Click or tap here to enter text. | **Student ID** | Click or tap here to enter text. |
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| **Project Title** | Click or tap here to enter text. |
| **Project requires IACUC or IRB approval** | Choose an item. |  |  |

**Should my student receive a Drapeau Summer Research Grant Supplement, the funds should be deposited here:**

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| Click or tap here to enter text. |
| **Complete University Budget String** |

**Statement of Support**

Please describe your support for your student’s scholarly/creative project and/or travel by addressing:

* how the proposed activities will benefit the applicant’s personal, academic and professional development;
* whether the student is likely to complete the proposed project during the funding period and is well-prepared to undertake it;
* the specific ways in which you will mentor the student on his/her proposed project;
* whether (in the case of travel funding) the proposed travel is appropriate for the student and his/her academic and career plans;
* any potential cost-sharing opportunities (see the application form for examples).

*Please limit your response to 1,000 words.*

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| Click or tap here to enter text. |

**Faculty Agreement**

With my electronic signature below, I agree with and commit to the following, if my student’s project is selected for a Drapeau Summer Research Grant.

* I will provide regular mentoring and advice for the project and prepare my student for the effective dissemination of project outcomes.
* If they are part of the grant, funds for supplies will be deposited in my DE account or in another university account, as arranged by my school or unit. I will be responsible for overseeing that their disbursement follows university policies and procedures.
* I will spend the funds on my student’s behalf in accordance with the project budget and will bring any significant budgetary changes to the attention of the DCUR review committee for approval. My student is not expected to expend any additional, personal funds for this project.
* My student has completed the CITI basic training course and (if applicable) the additional IRB or IACUC training course. I understand that no DCUR funds will be released and that the student may not collect data prior to project approval by the IRB or IACUC, respectively (applicable to projects that require approval).
* My student will be provided with specific professional development opportunities (e.g. inclusion in regular research team meetings, regular individual meetings/rehearsals) as appropriate to promote understanding of the broader context of the project.
* My student is expected to share the project outcomes in the on-campus Undergraduate Symposium on Research and Creative Activity. I will share additional opportunities for dissemination (research conferences, exhibitions, meetings, shows, etc.) with my student as I learn of them.
* My student will submit a two-page project report within two weeks of completing the project, discussing the outcome of the project and detailing how the supplemental funds were spent. I will return any remaining funds to DCUR at the end of the project.
* Should my student not fulfill the requirements associated with the Drapeau Summer Research Grant, my ability to mentor DCUR-sponsored students in the future may be jeopardized.

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| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Mentor’s Signature** |  | **Date** |