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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. | | | | |
|  | | | | | | | | | | | | |
| **Student’s Name** | Click or tap here to enter text. | | | | | **Student ID** | | Click or tap here to enter text. | | | | |
|  | | | | | | | | | | | | |
| **Project Title** | Click or tap here to enter text. | | | | | | | | | | | |
| **Project Period** | **Summer** |  | **Year** | Click 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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| ***Note: Your or your school’s complete DE university budget string is required for DCUR funds to be disbursed.*** | | | | | | | |
| Fund |  | School/Dept ID |  | Program |  | Project |

**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).

For community-engaged projects, please describe the student's experience with or connection to community partner(s) and ability to address a community-identified need.

*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.
* Supplement funds will be deposited in my own or my school’s DE account at the start of the summer semester. 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 Common Course for USM Undergraduate and HON 300 Students.
* For projects that require IRB or IACUC approval: My student will complete the additional IRB Human Subjects Research or IACUC Animal Subjects Research training course, respectively, prior to the approved project period. I understand that no DCUR funds will be released and that my student may not collect data prior to project approval by the IRB or IACUC, respectively.
* 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 will 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 final project report within two weeks of completing the project, discussing the outcome of the project and detailing how the DCUR grant 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** |