University of Massachusetts Amherst

College of Engineering

Dean's Office

College of Engineering Undergraduate Student/Faculty Agreement for Volunteer Research

Policy Number:	2024-14
Effective Date:	08/23/2024
Updated Date:	n/a
Responsible Party	Scott Civjan
References:	

College of Engineering
University of Massachusetts Amherst
Undergraduate Student/Faculty Agreement for Volunteer Research

Student Name_____ ID#_____
Phone #_____ Email_____

Concurrent academic credit hours:_____
Concurrent hours per week working for other jobs or research activities:_____
Approximate number of volunteer hours expected to complete the research activity
_____hours per week/month/semester/intersession (circle one)

Approximate workload=creditsX3+work hours/wk+volunteer hours/wk=_____
If Approximate workload>60 hours/wk signers shall discuss the student workload commitment prior to completing this form. The Office of Student Affairs can provide guidance.

Volunteer Research Guidelines: In some instances, students may want to get a feel for what a research position would entail but not be ready to commit to a larger role or may want to shadow a student doing research to learn about a project. These volunteer roles are not appropriate where the student is being tasked to provide research products or deliverables. Such positions should be limited in scope and total hours and should typically not extend beyond one semester or summer, though specific details may vary based on agreements between the student and supervisor. These are not renewable and shall not be used sequentially as rotations through different laboratories or different projects in a particular faculty group. This option should be initiated by student preference and non-committal to regular hours. **Any research opportunity involving significant hours of continuing work that is used to evaluate independent research aptitude before committing to a larger project should be an hourly paid or academic credit undergraduate research opportunity.**

Brief description of planned research activity:

Approximate timeline for the research activity (i.e. # weeks/months):_____

Name of direct supervisor:_____

Briefly describe the oversight or mentoring of the research activity:

I agree with these guidelines and confirm that the agreed upon work meets the intent of volunteer research activities.

Student Name _____ Student Signature_____

Faculty Name_____ Faculty Signature_____

Completed form should be submitted to the Department Academic Advisor and will be kept on file for one year past student graduation from UMass (or student leaving the dep