**RESEARCH AGREEMENT**

*CAS Degree-Seeking Student and Faculty Sponsor*

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| Student Name: _____________________________ | NUID: _____________________________ |
| CAS Major(s): _____________________________ | Minor(s): _____________________________ |
| □ B.A. □ B.S. | Catalog Year: ______ | Expected Graduation: _____________________________ |

| Faculty Sponsor Name: _____________________________ | Email: _____________________________ |
| On-site Supervisor (if different from Faculty Sponsor): _____________________________ |
| Faculty Department: _____________________________ | Research Location (Room, Building): _____________________________ |
| Research Lab, Project, or Topic: _____________________________ |

Please select any that are applicable to this experience:
- □ UCARE Sponsored
- □ Undergraduate Thesis
- □ Fieldwork

Date of Start: ____________  End: ____________  Hours/Week: ______  Pay Rate: ____________  or  □ Unpaid

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**DUTIES, TRAINING, BENCHMARKS, ACADEMIC WORK**

Describe the primary responsibilities of the student researcher, any safety or other training planned, benchmarks for progress, and any academic work expected during or upon conclusion of the research experience.

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**ACADEMIC CREDIT PLANNED**

Research courses require permission to enroll, which is granted after the research agreement is completed and reviewed by the instructor.

- □ CASC 98 (0 cr)  □ Other: _____________________________  Credit Hours: ______  Academic Term: _____________________________

**VERIFICATION:** Signatures indicate agreement on the terms described, and willingness to honor them for the duration of the research experience. If significant changes occur, for the student or the faculty sponsor, please contact a CAS Career Coach at cascareers@unl.edu

Student Signature: _____________________________  Date: _____________________________

Faculty Sponsor Signature: _____________________________  Date: _____________________________

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