

University of Connecticut
 Department of Allied Health Sciences
**AH 3289/4289: Undergraduate Research in Allied Health
 Learning Agreement**

Directions:

- 1) Obtain an Independent Study Authorization Form (www.registrar.uconn.edu/indstudy.doc).
- 2) Complete student section (Part I) of this form.
- 3) Meet with the faculty instructor/PI and complete Part II of this form and obtain signature on the Independent Study Authorization Form.
- 4) Obtain faculty academic advisor signature (Part III) on this form and on the Independent Study Authorization Form.
- 5) Submit the Undergraduate Research Learning Agreement and the Independent Study Authorization Form to the Department of Allied Health Sciences Main Office for Department Head approval (Part IV).
- 6) Submit the signed Independent Study Authorization form to the Registrar's Office. *Authorization and Contract forms must be completed by the add/drop deadline of the tenth day of classes each term.*
- 7) The original signed Learning Agreement remains in the student's file in the main office.

Part I: To be completed by student: The student assumes the responsibility to coordinate and ensure this form is complete prior to submitting it to the faculty instructor and the Department Head.

Student Name: _____ **Student ID:** _____

Address: _____

Student phone: _____ **Student email address:** _____

Program: _____ **Concentration (if applicable):** _____

Credit standing: _____ **Faculty Instructor:** _____

 Student Signature

 Date

My signature verifies that I am capable of and committed to participation in Undergraduate Research as described below. I also agree to abide by the policies and procedures as outlined to me as a University of Connecticut student. I understand that failure (including but not exclusively) to meet objectives, effective requirements, institution requirements, and/or attendance policies may result in an unsatisfactory grade for Undergraduate Research.

Part II: To be completed by Faculty Research Instructor: Complete after Part I has been completed and signed.

Faculty Research Instructor (print name): _____

Faculty Research Instructor phone: _____ **email:** _____

Course Catalog number: _____ **Section number:** _____ **Credit hours*:** (variable 1-6 credits): _____

Semester: _____

Grading: Graded course

Title of the Research Project (as it will appear on the transcript): _____

Dates of participation (hourly, weekly): _____

Total hours for Undergraduate Research: _____

Time	Hours	Credits
45-60 hours	3-4 hr/wk X 14 wks	1 credit
61-120 hours	6-8 hr/wk X 14 wks	2 credits
120+ hours	>9 hr/wk X 14 wks	3 credits

Part II (continued):

Below is provided an example of the level of detail expected on this contract. Please complete this section *or attach a separate explanation of learning objectives*. Objectives must be specific, clearly defined, and measurable:

Learning Objectives (What will the student learn?)	Activities (How will the objective be accomplished?)	Outcomes (How will the student know the objective is met?)

Basis of Evaluation /grading criteria:

Evaluation Method	Submission Date	Grade %:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	100%

Faculty Research Instructor Signature

Date

My signature verifies that I assume responsibility to oversee the academic components (academic integrity, grade submission, etc.) of this Undergraduate Research. I also deem this undergraduate research appropriate for this student for the course to be included in the plan of study pending successful completion. Further, I acknowledge that if I am also the PI, the institution for which I am affiliated has the authorization, personnel and resources to offer this research opportunity. The institution has reviewed the qualifications for this student's participation in this research and deemed them appropriate. The research site also assumes responsibility and liability for the student and/or others as a result of direct participation in activities associated with the objectives of this research and releases the University of Connecticut, College of Agriculture, Health and Natural Resources, and the Department of Allied Health Sciences from liability with respect to this student's participation in this research.

Part III: To be completed by the Principle Investigator (If different from the Faculty Research Instructor):

Name of Institution: _____

Address: _____

Principle Investigator: _____

(This is the person who will assume responsibility for supervising and evaluating the student)

Position at the institution: _____

Principle Investigator Phone: _____

Principle Investigator Email: _____

Principle Investigator Signature

Date

My signature verifies that I am an authorized staff person at the above named institution to provide this research opportunity. I acknowledge that the institution has the authorization, personnel and resources to offer this research opportunity. The institution has reviewed the qualifications for this student's participation in this research and deemed them appropriate. The research site also assumes responsibility and liability for the student and/or others as a result of direct participation in activities associated with the objectives of this research and releases the University of Connecticut, College of Agriculture, Health and Natural Resources, and the Department of Allied Health Sciences from liability with respect to this student's participation in this research.

Part IV: To be completed by student's faculty academic advisor: Complete after Parts I, I, and III have been completed and signed. The student assumes the responsibility to coordinate and ensure this form is complete prior to submitting it to the Department Head.

Faculty Academic Advisor Signature

Date

I verify that the Undergraduate Research described above is consistent with program objectives and, pending successful completion, can be included in the student's plan of study.

Part V: To be completed by Department Head. Submit after Parts I, II, III, and IV have been completed and signed.

Department Head Signature

Date

My signature verifies that this undergraduate research course meets the guidelines of this department as it relates to academic integrity and student participation in Undergraduate Research and that this Undergraduate Research course is appropriate for this student to be included in the plan of study pending successful completion.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Undergraduate Research

Rights and Responsibilities Form

Name of Student: _____
(PRINT NAME)

Student ID #: _____

Undergraduate Research Course number: (i.e. AH 3289 or 4289) _____ Semester: _____

By signing this form, I am accepting the statements indicated below:

- 1) I acknowledge that participation in undergraduate research is not mandatory for completion of the Allied Health Sciences major.
- 2) I acknowledge that the College of Agriculture and Natural Resources, the Department of Allied Health Sciences, and participating faculty assume no responsibility as it relates to my personal being and that I assume full responsibility for participation in undergraduate research.
- 3) I acknowledge that as part of my participation in research I may be required to complete training consistent with the research and Principle Investigator requirements. Failure to complete required training will prohibit my participation in Undergraduate Research.
- 4) I acknowledge that I have received a copy of the Undergraduate Research Guidebook.
- 5) I understand that it is my responsibility to read the policies and requirements as stated in the Guidebook.
- 6) I have had an opportunity to review and ask questions regarding the contents of the Guidebook and the requirements for Undergraduate Research.
- 7) I accept participation in Undergraduate Research and will abide by the policies and requirements as outlined in the Guidebook.

Student Signature

Date

Please return this form along with the Undergraduate Research Learning Agreement Form to the Department of Allied Health Sciences Main Office.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Undergraduate Research

Personal Property Waiver Form

Name of Student: _____
(PRINT NAME)

Student ID #: _____

Undergraduate Research Course number: (i.e. AH 3289 or 4289) _____ Semester: _____

My signature below signifies that I understand that during my participation as an undergraduate researcher:

- 1) The Department of Allied Health Sciences is not responsible for loss, damage or theft to my personal property while traveling to or during an event associated with the research project;
- 2) If I am at a designated facility or agency, they are not responsible for loss, damage or theft to my personal property;
- 3) If I bring any personal property to my research location, I understand that I assume all responsibility if it is lost, stolen, and/or damaged.

Student Signature

Date

Please return this form along with the Undergraduate Research Learning Agreement Form to the Department of Allied Health Sciences Main Office.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Undergraduate Research

Confidentiality Form

Name of Student: _____
(PRINT NAME)

Student ID #: _____

Undergraduate Research Course number: (i.e. AH 3289 or 4289) _____ Semester: _____

By signing this form, I am accepting the statements indicated below:

1. I acknowledge that I may be exposed to and/or work with confidential or proprietary information related to but not exclusive to study subjects and I have a moral, ethical and legal responsibility to maintain the confidential nature of this information.
2. I understand that I may be required to sign separate documents from the research instructor regarding confidentiality and proprietary information. Failure to sign such documents will prohibit my participation in the research course.
3. I further acknowledge that any unauthorized release of confidential information to unauthorized personnel will be grounds for my immediate dismissal from the research course. Additional disciplinary action may apply depending on the nature of the violation (i.e. failure of the course, University or other disciplinary action).

Student Signature

Date

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