

**ARIZONA STATE UNIVERSITY
SCHOOL OF LIFE SCIENCES UNDERGRADUATE RESEARCH
SOLUR Program
FACULTY MENTOR COMMITMENT FORM
Academic Year 2016-17**

All applicants to the SOLUR Program must have this completed and return it to Ms. Laura Zafirakis (in LSC 426) in the SOLUR program, with their application packet. FACULTY MENTORS: Please provide one form and a separate statement of support for each applicant you are agreeing to support/mentor.

I. Undergraduate Applicant Information

Name: _____ Affiliate ID#: _____
SOLS Major: _____ Email Address: _____

Please circle SOLUR program level for which applicant is applying: RESEARCHER FELLOW

Project Title: _____

II. Faculty Mentor Information (must have *Professor* or *Faculty* status)

Name: _____ Department: _____
Office Phone #: _____ Lab Phone #: _____
Email Address: _____ ASU Mail Code: _____

If off campus, please provide the following information:

Mailing Address: _____ Organization: _____
_____ Fax Phone #: _____

III. Faculty Mentor Statement of Support (to be completed by the Faculty Mentor):

Please attach a statement of support. This statement should include: (1) your in-depth evaluation of the applicant's potential for success in the SOLUR program, (2) specific commitments for supervision time and access to equipment and space, and (3) any other support you can provide, such as partial funding of SOLUR wages, travel and/or supplies. (Please provide a separate statement of support for each applicant you are agreeing to support/mentor.)

IV. Funding Information (to be completed by the Faculty Mentor):

Please indicate one of the following categories:

_____ I can provide funding for the SOLUR applicant's wages at: __25% __40% __50% __60% __100%
Account Number/ Information: _____ Other: _____ %

_____ I cannot provide funding for the SOLUR applicant's wages.

By signing this agreement, you (the faculty mentor) are affirming that you have reviewed and discussed with the applicant their undergraduate research proposal/project and are willing to commit support (e.g. space, time for mentoring, funding) to the applicant and project as described. Statement of support attached.

Faculty Mentor Signature: _____ Date: _____

V. To Be Completed by Faculty Mentor: Other individuals I authorized to sign the above applicant's time sheets if I (faculty mentor) am unavailable. Designees must sign below and have their signature on file for the current year for each applicant/student for which they are authorized to sign time sheets. Authorization applies *only* to time sheets.

| | | | |
|--------------|--|-----------|--|
| Printed Name | | Signature | |
| Printed Name | | Signature | |
| Printed Name | | Signature | |
| Printed Name | | Signature | |

ARIZONA STATE UNIVERSITY
SCHOOL OF LIFE SCIENCES UNDERGRADUATE RESEARCH
SOLUR Program
FACULTY MENTOR STATEMENT OF UNDERSTANDING FORM
Academic Year 2016-7

In addition to items in my statement of support for SOLUR applicant _____,

I agree to the following as their faculty mentor:

- I or my designee will meet with this student on a regular basis, preferably at least once a week. Such meetings strengthen the relationship between undergraduate students and their Mentors, provide a better work environment, and help students succeed in the SOLUR program.
- I will ensure that the student is provided with a stimulating and authentic research project that is appropriate to his/her interests and skill level.
- I will ensure that the student is provided with the intellectual and material support necessary for them to succeed in their project.
- I will see that the student is properly counseled in the responsible conduct of research.
- I will lay our clear and reasonable expectations for the student in terms of time commitment and progress while they are working in my research group.

By signing this agreement, you (the faculty mentor) are affirming that you have reviewed the above and are willing to do what you can to support and further help your SOLUR applicant/student.

Faculty Mentor Signature: _____ Date: _____