



# UNDERGRADUATE CHEMISTRY RESEARCH AUTHORIZATION FORM

STUDENT INFORMATION			
Date	Last Name	First Name	
Campus ID	Email Address	Undergraduate level/year: 1st    2nd    3rd    4th    5th	
		Number of credits completed:	

COURSE INFORMATION		
<b>Course</b>		
<input type="checkbox"/> Volunteer	<input type="checkbox"/> 681 Senior Honors Thesis*	
<input type="checkbox"/> Paid/Student Hourly	<input type="checkbox"/> 682 Senior Honors Thesis*	
<input type="checkbox"/> 299 (freshman/sophomore level)	<input type="checkbox"/> 691 Senior Thesis*	
<input type="checkbox"/> 699 (junior/senior level)	<input type="checkbox"/> 692 Senior Thesis*	
*1 credit hour = 4-5 hours of research/week for 15 weeks (60-75 research hours/semester)		
Credits* (1-6 credit hrs)	Semester (i.e. Fall 2014)	Instructor/Professor

\*Must complete 6 credits of a combination of 681/682, and be in the Honors Program. The thesis is due the last day of class of the Chem 682 semester.

\*Must complete 4 credits of a combination of 691/692. The thesis is due the last day of class of the Chem 692 semester.

MEETING TIMES		
Throughout this semester, I will be primarily working with (graduate student/post-doc/staff mentor):		
I will conduct research at these times and dates (i.e. M, W, F from 2:00-4:00 PM):		
Start Date:	End Date:	Hours/week:

PROJECT DESCRIPTION 3 – 4 sentences (students not working with faculty associated with the Chemistry Department need to also include a 1-page research proposal outlining their projected project. If the project contains considerable chemistry content, it can be considered for directed study credit).

I agree to the requirements of this employment/research opportunity as outlined above. I will begin and end my work on the dates indicated, provided the performance is satisfactory and the relationship between myself and the identified personal is beneficial. I agree that the University and/or the faculty advisor has the right to terminate my appointment at any time for failure to maintain these standards, or for actions or conduct which is considered detrimental to, or incompatible with, the interests, harmony, comfort or welfare of the program and/or the University as a whole.

I will be involved in the employment/research project defined above as part of a learning experience relevant to my field of study. Throughout this hands-on learning opportunity, I will strive to make meaningful contributions to the chemistry field, become more confident and independent in my scientific abilities, and gain an appreciation and understanding of scientific research. This employment/research experience may involve critically reading and evaluating scientific literature, learning and utilizing research methodologies in an ethical manner, following safe laboratory techniques and practices, interpreting and articulating project goals and results, maintaining a clear and succinct laboratory notebook, and collaboratively and constructively working with researchers in the field. I agree to familiarize myself and stay compliant with University of Wisconsin-Madison and UW-Madison Department of Chemistry policies and procedures. I have indicated the number of hours I will spend on these activities above.

I am aware of the risks and hazards associated with the defined activity. I also have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the above research project. I agree to consent to medical treatment in a medical emergency where I am unable at the time to consent to such treatment. If I have any questions as to any safety protocols, skills, qualifications, physical ability or training that are necessary, I agree to direct such questions to the appropriate University employee(s).

**Volunteers:** Volunteer should not be requested to perform duties that are typically performed by permanent employees-other than on a short-term basis. The volunteer will be supplementing the work done by employees, not replacing the need for paid staff. Liability protection is provided to all officers, employees and agents of the University under Wisconsin Statute, Section 895.46(1). Volunteers acting under the direction and control of the University and for its benefit are considered agents and thus covered. This statute authorizes the State to pay claims based on the negligent acts of employees or agents or to defend employees or agents against allegations of negligence, which may have caused injury or property damage to others *provided the employee or agent was acting within the scope of their responsibilities to the University*. It is important that volunteers acknowledge mistakes that could lead to potential liability claims and that such incidents be reported promptly by the department to the UW-Madison Risk Management Office. Volunteers are not covered by worker's compensation. Health and accident insurance is the volunteer's responsibility, with University Health Services outpatient coverage available at Madison Campus facilities to enrolled students. If injured during the course of their volunteer work, the volunteer would have the same legal rights as any visitor to the campus to seek compensation if the injury resulted from University negligence

**Students Earning Credit:** Health and accident insurance is the student's responsibility, with University Health Services outpatient coverage available at Madison Campus facilities to enrolled students. The University does not assume responsibility for any loss, injury or property damage in connection with participation in this research which may result from causes beyond the control of and without fault of the University. Students earning credit are not covered by worker's compensation or the University Liability Insurance Program.

**Students Being Paid:** Regular Worker's compensation guidelines and the University Liability Insurance Program is available to employed students. Health and accident insurance is the student's responsibility, with University Health Services outpatient coverage available at Madison Campus facilities to enrolled interns.

*I have read and agree to the terms and conditions within this document.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Instructor/Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Questions should be addressed to Dr. Cheri Barta, Undergraduate Research Director (1101 University Ave, RM 2110, Madison WI 53705, 608.262.6533, [cbarta@chem.wisc.edu](mailto:cbarta@chem.wisc.edu)). This form must be returned to Dr. Barta before starting employment/research.

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**PLEASE RETURN THIS FORM TO DR. BARTA IN CHEMISTRY, OFFICE #2110**

<i>For office use:</i>				
<i>Term:</i>	1172	1174	1176	1182
<i>Section:</i>	_____	<i>Course:</i>	_____	
<i>Student contacted on:</i>	_____			