

STUDENT'S NAME: _____

Faculty Mentor Funding Agreement

Please **write your initials** next to each line in the space provided and sign and date at the bottom indicating that the following statements are true.

1. _____ I agree to serve as Principal Investigator and will be responsible for both research and financial oversight of this project. I agree that I, serving as the faculty mentor/PI or my departmental delegate/designee or departmental administrative staff will be directly responsible for processing all procurement transactions including reimbursements and/or travel arrangements. I agree to seek any necessary prior approvals to utilize departmental administrative staff from my department Chair or Dean's office as required.
2. _____ Should funds be disbursed directly to a student, I will notify Financial Aid. In the unlikely event that this award will affect a student's financial aid, the student will be contacted directly.
3. _____ I agree that upon completion of the project any remaining funds will be returned to the main Award/Project held by the University Honors College for use by other awardees. **I understand that the financial account created for this project will be closed at a date 12 months after its opening date unless an extension is requested.**

● **Advisor's Name** _____

Signature: _____ Date: _____

Advisor's email address _____ Office Phone _____

● **Departmental Chair Name** _____

Chair Signature _____ Date _____

● **Departmental Financial Contact** who should be copied on correspondence regarding sub-project

Name: _____ Email: _____ Phone: _____

● **Administrative staff** who will process transactions:

Name: _____ Email: _____ Phone: _____

Please return this completed form to your Honors Advisor. The sub-project cannot be opened and research cannot commence until this form has been submitted. You will be notified via email once the sub-project has been opened.