OUR Project Award Letter of Commitment

Undergraduate Student:
I understand that, as an award recipient, it is expected that I will complete the research project described in my proposal by the end of the spring semester of this academic year. In applying for the OUR Project Award program, I understand that I am committing to the following requirements:

● Support the Mission, Vision, and Values and Goals of the University of West Florida
● Complete the research project as outlined in my application.
● Submit my abstract and present my work in the Spring Student Scholars Symposium (generally held toward the end of April)
● Submit a Final Project Report before the end of the spring semester.
● Submit a photo of myself conducting or engaging in research.
● Act as ambassadors to the OUR program and speak to at least one approved campus event about your research experience at UWF. Campus events include classes (especially introductory level courses), campus tour groups, or other campus events or volunteer for the Student Scholar Symposium and Faculty Research Showcase.
● Acknowledge OUR project support on any poster, presentation, or manuscript resulting from this research (i.e., “Research supported by the UWF Office of Undergraduate Research through an OUR Project Award.”)

My project award includes the following support:

$500 for an individual student award
$750 for a group award

If my research expenses are over the total award amount, I understand that OUR is not responsible for securing additional funds.

Faculty Mentor:
I understand that my role as a Faculty Mentor to an Undergraduate Student Researcher is a significant responsibility and I will make it a priority. In supporting my student researcher(s), I understand that I am committing to the following (please initial by each statement):

● Provide mentorship to my student(s) throughout his/her research project.
● Provide support to my student(s) to meet his/her obligations of this award.
● I ensure that the research being conducted will cost less than the award amount or that I will support expenses in excess of the award amount through other resources.
● I understand that failure of my students to meet the above requirements may jeopardize my future OUR funding.
● I have reviewed the proposal that is being submitted and I support the submission of this application.

Approved by:

________________________________________  _____________________________
Applicant Signature  Applicant Name (print)

________________________________________  _____________________________
Faculty Mentor Signature  Faculty Mentor Name (print)