

UBRP COMMITMENT FORM – Summer 2026
Summer Program Dates: May 18, 2026 – August 7, 2026

- New UBRP students earn \$15.50/hour; continuing UBRP students earn \$16.00/hour.
- Students work a minimum of 350 total hours (35 hours/week during summer program dates)
- Students attend weekly meetings every Wednesday (3:30pm – 5:00pm)
- Each UBRP student and mentor complete a UBRP evaluation at the end of summer.
- Students will present a poster of their research at the Annual UBRP Conference in January 2027.
- To maximize research time and participation, summer courses are not permitted for UBRP students.

UBRP COMPENSATION OPTIONS FOR SUMMER 2026:

UBRP continues to offer matching funding (50% of student wages and ERE) for participants during the summer. However, additional compensation options have been made available to help UBRP stretch program funds to support as many students as possible, to enable students to work with mentors who have limited funding, and/or to provide the opportunity for accepted students to participate in UBRP if they do not require financial compensation.

Choose ONE of the following:

 OPTION 1: 50-50 Funding (standard)

50% of student wages and ERE is covered by UBRP, and 50% is covered by the mentor.

 OPTION 2: 100% Mentor-Funded Position

100% of student wages and ERE will be provided by the mentor, using the account designated on this form.

 OPTION 3: Unpaid Internship

The student will participate fully in UBRP this summer on an unpaid basis.

STUDENT

Student Name: _____

Student SID: _____

E-mail Address: _____@arizona.edu

Date of Birth: _____

By signing below, I:

- Agree with the option selected above.
- Understand and agree to the expectations outlined above and in the UBRP Student Handbook.
- Agree to report time worked in a timely manner and to notify my time approver when I have entered my hours.
- Understand the conduct of research ultimately is an activity done at my own risk.

While UBRP mentors have the responsibility to provide all the necessary training to students and to maintain the safest lab/field environment possible, in the event an unpredictable accident occurs, a student's own health insurance will be the primary source of coverage for any medical costs. UBRP strongly recommends that all students have personal health insurance.

Signature: _____ **Date:** _____

MENTOR

Name: _____ E-mail address: _____

Dept.: _____ Phone: _____

Brief Description of Student's Research Project:

Will this student be working with animals? ___ Yes (species: _____) ___ No

Will this student be working with radiation? ___ Yes ___ No

If Option 1 or 2 above is selected, please complete the following information.

Account number (& subaccount, if applicable): _____ Account End Date: _____

Student's Supervisor: _____ Supervisor's Position #: _____

Student's Time Approver: _____ Time Approver's Position #: _____

**Time approvers must be UA employees and have time approver access.*

Business Office Contact/Accountant Name: _____

Business Office Contact/Accountant E-mail: _____ Phone: _____

By signing below, I:

- Understand the expectations listed above. If Option 1 or 2 is selected, I authorize the use of the above account for the purposes of paying my portion of UBRP student's wages and ERE. For the summer, students will be on payroll from *May 18 – August 24, 2026*.
- Understand it is my responsibility to maintain a safe working environment and ensure this student receives the appropriate training (general lab safety, radiation safety, etc.) for the work to be done under my mentorship.

Signature: _____

Date: _____