CITL Undergraduate Student Research Experience Application

Faculty name: ____________________________

Desired semester to work with student (please indicate sem/yr): fall____ spring____ summer______

Will the student be exposed to human or animal subjects?

☐ No
☐ Yes, please explain: ________________________________

Briefly describe your project and what the student will accomplish with you. ________________________________

__________________________________________________

__________________________________________________

Do you have a current or former student researcher in mind?

☐ No, but I am interested in help from CITL to match a student for the research.
☐ If yes, please provide the following student information:

Name__________________ BU ID#______________ School and Year__________

If student has a work study award, student acknowledges that the combined hours for work study and the undergraduate research experience (8-10 hrs/wk) will not exceed 20 hrs/wk (student initial here) ________

Is the student an international student? (Verify with student, additional paperwork may be required)

☐ No
☐ Yes

Has the student applied for UROP funding for the semester?

☐ No
☐ If Yes, amount of UROP Award requested: $__________________
   ☐ Attach a copy of the submitted UROP application to this form
   ☐ If Faculty Matching Grant requested please indicate amount of CITL funding $__________________

Next Steps and Important Information

- BU ID is necessary to verify if I-9 and W-4 are needed. If I-9 and W-4 are needed we will inform the student; original documentation from the I-9 List of Acceptable documents will be required.
- Faculty and student must both sign FERPA Non-Disclosure Agreement and Student Employment Confidentiality Policy agreement (page 2-3 of this document).
- Complete the necessary forms outlined above, and return along with this completed form to CGS room 215. This must be hand-delivered, as CITL is not allowed to accept electronic employment forms. Once all required paperwork is received, research may begin.
- Students please note: At the end of the semester, a thank you note to the donor and a brief write-up about the project for the website is required. CITL will provide students with examples.
- Faculty please note: CITL Undergrad Researchers must conduct approximately 8-10 hours of research per week. Please inform CITL if there are issues with students not completing the work since weekly payments can be stopped for non-work. At the end of the semester, a faculty write-up is required. Student check-ins during the semester are encouraged.
- The student stipend is $2000 and will be paid weekly over the course of the semester. Students commit to an end of semester write-up and thank you to the donor. Students are encouraged to sign up for direct deposit via the Student Employment Office website. Otherwise physical checks must be picked up at 881 Commonwealth Avenue, 2nd floor at the First Point desk.
The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student’s records. As a student or casual employee of Boston University, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law.

Unless your position specifically requires it, you may not disclose information about a student to anyone. To do so is a violation of federal law. Unauthorized disclosure would result in penalties up to and including the loss of your job and sanctions by the Office of Judicial Services. Even a seemingly minor disclosure of information, such as telling another student of someone’s class schedule, is a violation and would result in punitive action.

I have read and understand my employee responsibilities as stated under the Family Educational Rights and Privacy Act Non-Disclosure Agreement.

_________________________________________________________   _________________________________________
Student/Casual Employee Name (Print)       B.U.I.D.

______________________________________   _________________________________________
Student/Casual Employee Signature       Date

_________________________________________  __________________________________________
Supervisor            Date

For more information on the University FERPA policy, log onto the Registrar’s Office homepage, www.bu.edu/reg, and go to General Information.
STUDENT EMPLOYMENT CONFIDENTIALITY POLICY

As a student employee at Boston University, you play an important role in assisting in the operation of the institution and contributing to the success of your fellow students, faculty, and staff.

All student employees are required to adhere to the confidentiality policies that govern information acquired through their employment. This information may include, but is not limited to, student, faculty and staff personnel, financial or academic records; faculty teaching and research; and, University business information and internal communications, which includes conversations related to office and University operations. Both you and the office or department for which you work are obligated to protect the confidentiality of this information, and you may not reproduce, disseminate or disclose its contents in any way.

All student employees are required to maintain the confidentiality of all information acquired through their employment. In addition, those student employees whose positions might, at any time, expose them to student records or information will also be required to read and sign the Family Educational Rights and Privacy Act (FERPA) Non-Disclosure Agreement and return it to their supervisor.

Student Employment and Boston University expects that all student employees will respect the confidentiality of work-related and student record information and adhere to this policy. Any failure to do so may result in penalties up to and including the loss of your job and sanctions by Judicial Services.

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I acknowledge that I have read and understand the above policy regarding confidentiality and I agree to maintain complete confidentiality of information obtained through my employment.

_______________________  _______________________  _______________________
Student Name     Student Signature     Date Signed

_________________________________________
Supervisor Signature