

Woodrow Wilson Fellowship Program PARTICIPANT AGREEMENT

Name:		Date of Birth:	Social Security #:
	I accept the offer of the Woodro lopkins University. I agree to: (Ple ment, fully understand it, and wi	ease initial each item below to	Krieger School of Arts and Sciences at indicate that you have read the
	-		nd texts related to Woodrow Wilson, ow Wilson-related correspondence.
	-	ergraduate Research at least e entor (in person or by phone or	very six weeks, or more frequently as Skype) at least once a month.
	the beginning of each semeste available; I will make it a top p	r, usually via a Doodle poll to e	ster. These workshops are scheduled at ensure as many fellows as possible are events, and understand that only an g.
	-	entor must be a tenure-track fa	my first full semester in the program. I iculty member at Hopkins, unless I have uate Research.
	Present my research findings a Research or an approved field		ational Council on Undergraduate
	Participate in the Senior Poste poster detailing my project an		senior year, which will entail creating a
	-	20 pages detailing the results c projects may be approved by t	of my project, and seek academic ne Director.)
B. following	I understand that I will be awarding guidelines:	led funds to conduct my resear	rch, and that I must abide by the
	will be recalled. (If I am partici		of that semester, any unspent funds sters program like SAIS, my project must studies.)
	-		School of Arts and Sciences; I recognize quire me to leave the Woodrow Wilson

Program.

 budget, and any significant changes to that budget must be approved by both my mentor and the Director of Undergraduate Research.
I understand that Woodrow Wilson funds can only be used for travel to approved sites with an established research connection, or to conferences at which I will be presenting my Woodrow Wilson research. All travel requests will be made at least 60 days in advance for within the US, and 90 days in advance for international travel; I further understand that where applicable, I may need to attain a research visa, not simply a tourist visa, for Wilson-funded international travel.
 I must provide copies of receipts for all expenses within 30 days of the expense; if I fail to do so, the expense will be charged back to my student account. I understand that extreme or repeat infractions could result in the retraction of my award.
understand that Johns Hopkins University and the Woodrow Wilson staff has the right to terminate cipation in the program, and will adhere to the code of conduct as follows:
 If my project includes any interaction with human subjects, including any interviews, I must apply for and receive approval from the JHU Institutional Review Board (IRB).
 I understand that my decorum as a Woodrow Wilson participant is most important. I will be expected to act in a professional manner during both on and off campus activities and that respecting staff members is an absolute requirement.
If my Woodrow Wilson thesis is also used or presented for another class or final project, that must be approved in advance in writing by both the Director of Undergraduate Research and the instructor or director of the other class or project. I recognize that failure to disclose the reuse of my own work is against the Student Life Policy, and is a form of academic dishonesty.
 I recognize that while many undergraduate researchers work as part of a lab team, it is essential that all my reports and write-ups carefully differentiate my own independent research project from the broader work of the lab team. (While my own project will of course complement the lab's work, it is important that my own contribution be clear.)
I will notify Woodrow Wilson staff at least 24 hours in advance of any appointment cancellations, or within 24 hours after a missed appointment due to personal emergency. I understand that it is disrespectful to staff and to other students to miss meetings, and there is almost no acceptable reason to do so without advance notice, whether that notice be through email (preferred) or even by phone or text; therefore, I agree that any missed appointments without notice are grounds for dismissal from the program.
 I will complete and submit any evaluation forms/surveys as requested throughout the program and upon request from the Woodrow Wilson staff. I also agree to respond to follow-up contact on the part of the Woodrow Wilson staff regarding my academic and career progress after I graduate.
 I consent to allow Woodrow Wilson staff to use photographs and recordings of my participation in the program for promotional materials, and to allow Woodrow Wilson staff to continue to track my academic progress for at least ten years following my participation in the program; I understand that my Social Security number (above) may only be used for this type of academic tracking.

Student Signature	Date	
Parent/Guardian Signature (if student is under 18)	Date	
Natalie Strobach, Ph.D.	Date	

IN WITNESS WHEREOF, the parties have executed this Agreement on the date specified adjacent to their

respective signatures below: