

External Research Mentor Agreement

Date:

Student Name:

Project ID:

Project Title:

RVU encourages the inclusion of external (outside of RVU) mentors on research projects. However, in order to ensure clarity and transparency, this external mentorship form is required.

External Mentor Name:

External Mentor Email:

External Mentor Phone Number:

I agree to mentor the student in the above identified research project. I understand that mentorship requires spending time with the student to guide project design, execution, analysis, and dissemination. As part of this agreement, I will receive authorship on whatever products (e.g., publications or presentations) that may arise from this work. However, I recognize that mentorship may not result in such products. RVU is committed to providing resources to me as I fulfill this role. Should I require any help or guidance, I will reach out to the Vice Provost of Research and Scholarly Activity at RVU or the Clinical Clerkship Director for Research. This agreement can be terminated at any time via written notice to the student mentee and the RVU Department of Research and Scholarly Activity.

Signature of Mentor:

PLEASE SUBMIT THIS FORM TO THE OFFICE OF RESEARCH VIA INTEGRIFY