



# Undergraduate Research Opportunities Program

## 2025 Mentor Approval Form

I \_\_\_\_\_ (**Mentor Full Name**) will meet virtually or in person with the student awardee \_\_\_\_\_ (**Student Full Name**) prior to the beginning of the project to discuss the student's work schedule. I agree to provide supervision for this student and will regularly discuss and monitor the research project's progress. In the event that the student's performance proves unsatisfactory, or if the research project must be terminated before completion, the faculty mentor will notify UROP promptly.

**Mentor's Full Name:** \_\_\_\_\_

**Mentor's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_