



Universal Application (UAF)
CONFIRMATION FORM 2010-2011

This form must be signed and submitted to the CDC c/o UAF Committee, no later than 5:00 p.m. on February 25, 2011.

I, _____, confirm that if I am awarded funds for the summer project described in my application, I will undertake to perform that project to the best of my abilities. If I do not successfully complete the project, I understand that I must return all funds to the College no later than September 1, 2011.

Signed: _____ Date: _____

I do ___ do not ___ waive my right of access to the faculty recommendation I am requesting in support of this application.

Signed: _____ Date: _____

I agree to release my transcript to faculty recommenders and the committee(s) for evaluation as part of this application.

Signed: _____ Date: _____

For MCGI Internship (MHC-IIP or GSSF) applicants only:

I understand that the sustainability and quality of MCGI internships depend on good relationships between the McCulloch Center for Global Initiatives and the sponsors. I confirm that if I am selected and funded for the MCGI Internship of my choice, I will accept it, and do my best to complete the internship for its entire duration.

Signed: _____ Date: _____

I understand that I may be required to a write thank-you letter to a donor and/or give a public presentation about my experience as a condition of receiving funds from the College. Failure to meet these requirements may result in a registration hold during the 2011-12 academic year.

Signed: _____ Date: _____

Finally, you must complete ONE of the following two statements regarding the involvement of human subjects and your summer project:

1.) Based on consultation with my faculty advisor for my research, and the information provided at http://www.mtholyoke.edu/offices/osr/irb/index.shtml I, _____, certify that my research does not involve human subjects and I am not required to submit an application to the Institutional Review Board (IRB).

Signed: _____ Date: _____

OR

2.) Based on consultation with my faculty advisor for my research, and the information provided at http://www.mtholyoke.edu/offices/osr/irb/index.shtml I, _____, certify that my research involves human subjects and should I be awarded this fellowship, that I will submit an Institutional Review Board (IRB) application according to the instructions on the IRB website. I acknowledge that the IRB must be approved before I can begin any aspect of this research. Note: the IRB urges any student who is planning on conducting a summer research project involving human subjects, to submit an IRB application for review by mid-April.

Signed: _____ Date: _____

For more information on the IRB forms and procedures, including help determining if you will need to complete an IRB for the proposed research, contact the Institutional Review Board, Email: institutional-review-board@mtholyoke.edu Phone: 413-538-2867