

THE UNIVERSITY OF AKRON COMMUNITY AND INDUSTRY
GRADUATE RESEARCH ASSISTANT PROGRAM

Sponsor:

Address:

Contact:

Email :

Phone:

Academic Advisor:

Department:

Advisor Email:

Phone :

Contract Return : Office of Research Administration, Leigh Hall 506, Akron, OH 44325-2102

Attn: OLNH + HZLWW

Email: PKHZL@uakron.edu

Phone: 330-972-

Student Name :

Student ID:

Term of Contract:

Total # of hours (not to exceed):

Stipend:

Benefits:

Administrative Fee:

Location of Assignment (city):

Total Contract:

ACADEMIC RESEARCH & DEVELOPMENT EXPERIENCE : The Department has selected an appropriate student in accordance with the Sponsor's request. The student will spend approximately 20 hours per week with the Sponsor for the period specified below.
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TERMS :

1. The student shall be responsible for their own health, life, and disability insurance, and is not entitled to any benefits applicable to employees of Sponsor. Student shall not hold himself/herself out as an employee of the Sponsor. Nothing in this Agreement is intended to create a joint venture or anything other than an independent contractor relationship between the Sponsor and UA. Sponsor ultimately shall be responsible for any activities performed by student under this Agreement.
2. The student shall report to the academic advisor at intervals specified by the academic department.
3. The University of Akron is a state of Ohio educational institution, created under Ohio Revised Code Chapter 3359; and as such, its liability can only be determined by and governed in accordance with the Ohio Court of Claims Act (Ohio Revised Code Chapter 2743).
4. Student shall successfully complete, as required and presented by Sponsor, any orientation and education program, including but not limited to all applicable safety training and education program must be completed prior to beginning the graduate assistantship experience.

5. In the event that the project is not completed and the Agreement is terminated, in accord with item 10

