

University at Albany
Approval Form
Participation of Undergraduate Students in On-campus Research/Scholarship

Undergraduate students at UAlbany may participate in on-campus research projects after they have received in-person instructions and proper training from the laboratory/project leader about:

1. Health monitoring, use of protective gear, social distancing, and personnel safety measures per the recommendations of UAlbany’s Research/Scholarship Continuity Task Force that must be followed to enter/leave and work in the laboratory. The time and date when student(s) received instructions must be documented below.
2. The Laboratory Safety and Compliance during the conduct of research.

The laboratory/project leader must provide all information requested in this document at least one week in advance. Incomplete form will not be approved and may cause unnecessary delays. On-campus activities may commence only after the final approval by the Division for Research.

Project Leader

Project Leader Name (First and Last): _____ Title: _____

Laboratory/Research Group Name/Identifier: _____

Department/Institute/Center: _____ College: _____

Email: _____ Phone: () ___ - ___

Project

Provide a title or short description that best describes the research, scholarly activity, or the project.

Names of Undergraduate Students participating in research

<u>Name</u> <small>(first, last)</small>	<u>Department</u>	<u>Email Address</u>

*Attach a separate sheet to add more names.

Justification for On-campus Access

Please explain specifically what work the above listed students will perform on-campus.

Laboratory, Studio, or Work-spaces to be accessed

List below **all** spaces that will be accessed by the students under your supervision.

<u>Building Name, and Room Number</u>	<u>Type of Space and Nature of Access</u> (Laboratory, shared facility, workshop)

Certifications

Personnel Safety related to COVID-19

I have met and discussed *Personnel Safety Recommendations* of the UAlbany’s Research/Scholarship Continuity Task Force and referenced therein with the undergraduate students listed above.

Date and Time of the meeting with students: Date: _____ Time: _____

The meeting was held in person [] or online [].

Laboratory Safety and Compliance:

I certify that the above listed students have undergone laboratory safety and compliance training and will conduct research in full compliance of UAlbany requirements.

This is to further confirm that all members of my Project Team have read, understand, and agree to follow the guidelines and protocols pertaining to safe conduct of research/scholarly activity. Any non-compliance will result in the suspension of on-campus activities until corrective measures have been implemented.

Project Leader Signature: _____ Date: _____

Email this form to [Research and EHS](#) and copy your department chair or unit administrator and the college/school dean.

Vice President for Research:

- [] Approved as submitted
- [] Approved, subject to conditions below
- [] Returned for revisions

Signature: _____
(James A. Dias)