



2026 Commonwealth Undergraduate Research Experience (CURE) Fellowship Agreement

As a recipient of the **2026 Commonwealth Undergraduate Research Experience (CURE) Fellowship**, I agree to complete the program requirements as outlined below and submit to the Office of Undergraduate Research (OUR) by the assigned deadlines. I agree to work with UK Public Relations to write a story about my summer research if requested. I understand that I am required to maintain communication with my mentor and the Office of Undergraduate Research. I acknowledge that failure to comply with any and all of the requirements contained in this document will require me, as the recipient of the monies awarded, to return the funds to the Office of Undergraduate Research. This is all monies provided to me in the grant amount of **\$5,000.00**. In addition, I acknowledge that a hold will be placed on my academic record until financial matters are reconciled.

- **Complete a minimum of 300 hours of mentored research between May 15 - August 7, 2026**
- Complete the Pre-Experience and Post-Experience Surveys. Surveys will be completed online and links will be sent via email. **Pre-Experience Survey deadline: May 15, 2026. Post-Experience Survey deadline: August 7, 2026.**
- Mid-summer Check-in will include submitting a minimum of 2 high-quality photos (600 dpi) with a caption to accompany each photo about your research. **Deadline: July 8, 2026.**
- The Final Report should be a minimum of 2 – 4 pages long (500-1000 words). Report should be uploaded in PDF format. **Deadline: August 7, 2026.**
- Summer Research Symposium. Presentation opportunity. **August 2026; Gatton Student Center**
- I agree to participate in the **2027 UK Showcase of Undergraduate Scholars** by presenting my research in the form of a poster, oral, or table presentation.

Please provide your full legal name as stated on your Social Security Card.

STUDENT First Name	STUDENT Middle Initial	STUDENT Last Name
		\$5,000
STUDENT ID #	STUDENT Date of Birth	Amount of Award
STUDENT Permanent Address		City
STATE	ZIP CODE	COUNTY (Only if in Kentucky)



Do you have a direct deposit account set up for the University of Kentucky?

Yes

No

Would you like your final report archived in UKnowledge with the UK Libraries?

Yes

No

Are you a Veteran?

Please select the most recent category

Special Disabled Veteran

Vietnam-era Veteran

Other Protected Veteran

Recently Separated Veteran (Date of Separation: _____)

Armed Forces Service Medal Veteran

Disabled Veteran

None

I certify that all information on this form is correct and agree to the terms of receiving the fellowship award.

STUDENT Printed Name

STUDENT Signature

Date Signed

FACULTY Printed Name

FACULTY Signature

Date Signed