

**DEPARTMENT OF PSYCHOLOGY
RESEARCH ASSISTANT AGREEMENT FORM**

Name of student (RA):

ID#:

Faculty supervisor:

Department:

Program (B.A., B.Sc., M.A., Ph.D.):

Semester(s) covered by the agreement (e.g., Fall09, Winter10, Summer10):

Dollar amount of the RA (and how it is to be divided between terms):

Duties and responsibilities of the RA (attach additional pages if necessary):

Deliverables and timetable (attach additional pages if necessary):

Notes on authorship of future publications/reports/presentations (attach additional pages if necessary):

Notes on data ownership (attach additional pages if necessary):

Number of hours expected of the RA per week:

Your signatures on this form indicate that the above issues have been discussed and agreed upon by the RA and the faculty supervisor prior to both parties signing this form. The faculty supervisor must provide a copy of this completed form to the RA, they must keep one copy for themselves, and one copy must be submitted to the Graduate Office for the student's file.

Student (RA):

signature

Date:

Faculty supervisor:

signature

Date:

Office use only

Grant source:

Grant number: