

# Participant Code of Conduct

**DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)  
DIMACS Center & Department of Mathematics  
Rutgers University**

Participant Name \_\_\_\_\_

As a participant in the 2014 DIMACS/RUTGERS MATH REU Program (the “Program”) I agree...

... to conduct myself overall in a manner consistent with my status as a visitor at DIMACS at Rutgers University in Piscataway, New Jersey, USA, and to abide by all local rules and regulations, including those of the host institutions and laboratories, and the housing authorities.

... to abide by the local regulations regarding the consumption of alcohol. Abuse of alcohol will be punished according to local regulations and will, additionally, result in a hearing with Program administrators. Disciplinary action from the Program will reflect the circumstances of the infraction, and will range from formal reprimand to expulsion from the Program.

... to refrain from the use and/or possession of drugs (other than prescription drugs used under the care of a physician) during the Program. I understand that violation will result in immediate expulsion from the Program. I further understand that the US government has a zero tolerance policy with regard to drug smuggling and possession, and that severe penalties can be imposed for violation.

... to refrain from sexual or other harassment of Program participants and staff, and of others. Acts of individuals or of groups that diminish the friendliness of the participants’ workplaces and other Program venues, will not be tolerated. Disciplinary action from the Program will reflect the circumstances of the infraction, and will range from formal reprimand to expulsion from the Program.

... to participate fully in the Program, including attendance at all seminars, presentations, and institutional field trips, and to create and maintain a website that chronicles the progress of my research project in the Program.

## **Applicant Agreement and Signature:**

I have read and understand the above code of conduct and penalties for infractions, and I agree to abide by this code during my participation in the 2014 DIMACS/ RUTGERS MATH REU Program.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Return form to: DIMACS Center/CoRE Building  
Rutgers University  
96 Frelinghuysen Road  
Piscataway, NJ 08854-8018  
Attn: REU Program



# Research Agreement

**DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)  
DIMACS Center & Department of Mathematics  
Rutgers University**

Participant Name \_\_\_\_\_

As a participant in the 2014 DIMACS/RUTGERS MATH REU Program (the “Program”), I agree to:

- Attend all seminars and presentations scheduled for the REU program.
- Set up a web page on the DIMACS site within the first two weeks of the program, describing in detail my project.
- Maintain my web page and keep it updated with any progress I make on my project throughout the program.
- Within two weeks after the end of the program, I agree to update my web page with the results of my project, and to continue updating the page if I make continued progress after that.
- Make two presentations about my project during the program, detailing its scope and my progress.
- Submit to DIMACS a final report on my project within one month after the end of the program.
- Accurately complete an evaluation of the program.

## **Applicant Agreement and Signature:**

I have read and understand the research agreement, and I agree to abide by this agreement during my participation in the 2014 DIMACS/RUTGERS MATH REU Program.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Emergency Contact Information and Consent-to-Treat Form

**DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)  
DIMACS Center & Department of Mathematics  
Rutgers University**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yy)

Participant's Home Address: \_\_\_\_\_

Participant's Home Phone: \_\_\_\_\_

## Participant's Emergency Contact Information:

In emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance:

Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Personal Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_



# Confidential Health Information Form

**DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)**  
**DIMACS Center & Department of Mathematics**  
**Rutgers University**

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yy) Height \_\_\_\_\_ Weight \_\_\_\_\_

**Health Insurance:** Please note that the Program does not provide health insurance. It is strongly recommended that all Program participants check with their health insurance carriers to verify if their coverage will apply at DIMACS, and to obtain supplemental insurance if needed.

Do you have or have you had any disease or condition requiring medication, regular physician's care, surgery or other treatment? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Do you take any medication(s) on a regular, on-going basis? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Have you ever sought professional help for a psychiatric or emotional problem? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you have any of the following? If yes, please explain type and severity:

Medication Allergies      NO    YES    \_\_\_\_\_

Food Allergies              NO    YES    \_\_\_\_\_

Other Allergies             NO    YES    \_\_\_\_\_

Asthma                      NO    YES    Require epinephrine or hospital? \_\_\_\_\_

Diabetes                     NO    YES    Require insulin? \_\_\_\_\_

Epilepsy                    NO    YES    Explain: \_\_\_\_\_

Do you have any other health condition that we need to know about? If yes, explain:

\_\_\_\_\_

I understand that submission of inaccurate and/or incomplete information about medical and psychiatric health history may result in dismissal from the program.  Yes  No

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_