

## Rutgers Institute for Translational Medicine and Science

RITMS Summer Research Program  
Rutgers, the State University of New Jersey  
Child Health Institute of New Jersey  
89 French Street, Suite 4211  
New Brunswick, NJ 08901

Phone: (732) 235-5207  
Fax: (732) 235-7178

### **CONDUCT AGREEMENT**

Name of Student: \_\_\_\_\_  
(Student's Full First and Last Name)

In recognizing that the success of the Rutgers Institute for Translational Medicine and Science summer research volunteer experience depends on each individual's cooperation and commitment to the highest standards of conduct, you are required to agree to the following:

- Abide fully by the Rutgers University's Code of Conduct and Code of Academic Integrity, Rutgers Code of Ethics, Rutgers Policy on Acceptable Use of Electronic Resources, Rutgers Institute for Translational Medicine and Science dress code, and abide by all laws and other relevant legal conditions surrounding the program. These articles may be found at:
  - Rutgers Code of Conduct: <http://studentconduct.rutgers.edu/university-code-of-student-conduct/>
  - Rutgers Code of Academic Integrity: <http://studentconduct.rutgers.edu/academic-integrity/>
  - Rutgers Code of Ethics: <http://erm.rutgers.edu/departments/rutgersEthics.html>
  - Rutgers Policy on Acceptable Use of Electronic Resources: <http://policies.rutgers.edu/sites/policies/files/70.1.1%20-%20current.pdf>
- Conduct yourself in accordance with the highest personal standards of character and integrity and not engage in any behavior that is deemed as inappropriate or unacceptable by the Head of Laboratory/Internship Supervisor, or an authority of the Rutgers University.
- Actively engage in the practice of good personal safety behaviors.

If, in the opinion of the Head of Laboratory/Internship Supervisor or an authorized officer of the School, you are found to be in non-compliance of this agreement, the volunteer's training may be terminated immediately.

Full Name of Student (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Student is under 18 years old:

Full Name of Parent/Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_