Click or tap to enter a date.

*<<Recipient Name>>*

*<<College/University/School>>*

Dear *<<Recipient>>,*

Congratulations on your acceptance into the *<<Year>> <<Name of Research Experience>>,* a *<<Type of Research Experience>>* at Mississippi State University! We thank you for your willingness to participate in the program and look forward to having you on campus.

<<Name of Research Experience>> is currently scheduled to run from Click or tap to enter a date. through Click or tap to enter a date.. As a participant in the program, you will receive *<<Insert Stipend and Housing Information Here – example: a weekly stipend in the amount of $500 dollars along with a weekly meal and travel allowance of $150.>>*

**FOR REUs**

*<<While participating in the Research Experience for Undergraduates (“REU”) you will be considered an independent contractor of Mississippi State University (“MSU”) and will not, under any circumstances be considered a servant, agent, employee or student of MSU. At no time will MSU be legally responsible for any of your acts or omissions. MSU will not provide any insurance coverage or other benefits, including but not limited to, workers’ compensation insurance. MSU will also not be responsible for or withhold any federal or state unemployment tax, federal or state income tax, Social Security taxes or any other amounts. You will receive an IRS form 1099 for any payments received from MSU. By participating in the REU, you agree to comply with all federal and state laws, all policies of the Board of Trustees of State Institutions of Higher Learning and all policies and procedures of MSU.>>*

**FOR RETs**

*<<While participating in the Research Experience for Teachers (“RET”) you will be considered an Experience Participant at Mississippi State University (“MSU”) and will not, under any circumstances be considered a servant, agent, employee or student of MSU. At no time will MSU be legally responsible for any of your acts or omissions. MSU will not provide any insurance coverage or other benefits, including but not limited to, workers’ compensation insurance. MSU will also not be responsible for or withhold any federal or state unemployment tax, federal or state income tax, Social Security taxes or any other amounts. You will receive an IRS form 1099 for any payments received from MSU. By participating in the RET, you agree to comply with all federal and state laws, all policies of the Board of Trustees of State Institutions of Higher Learning and all policies and procedures of MSU.>>*

By signing below, you are indicating that you have read and understand all of the terms listed above. Please return a signed copy of this letter as well as a completed Form W-9 to *<<Program Coordinator>>* no later than Click or tap to enter a date.. If you have any questions about these items, please contact *<<Program Coordinator>>* at *<<Coordinator Information>>*.

Sincerely,

<<Program Coordinator>>

By signing below, I acknowledge and agree to the above stated terms and conditions of my participation in the <<Type of Research Experience>> program at Mississippi State University.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<<Participant Name>> Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (If Participant is a Minor) Date

**FOR UNIVERSITY USE ONLY**

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Director of Contract Administration Date