SPECTRA UNDERGRADUATE RESEARCH JOURNAL

Faculty Advisor Agreement

I, , affirm that I have given permission to submit their work to be published in the *Spectra* *Undergraduate Research Journal* at the University of Nevada, Las Vegas.

\_\_\_ I confirm that this student’s work is original and that they conducted the research themselves.

\_\_\_ I give permission to have my name published as a Faculty Advisor in *Spectra Undergraduate Research Journal* if my student’s submission is published.

\_\_\_ I agree to provide a letter of recommendation with my student’s submission and understand that this is a necessary component of their submission.

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

     Faculty Signature Date

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

    Print Faculty Name