Center for Internship, Mentoring, & Research

Request to Rollover RLC Hours (2020-2023)

This form is to be used when a Scholar anticipates having an excess of RLC hours in one term and insufficient hours in the following term in the same academic year. This form is a proactive way for Scholars to make the Scholar Success Committee aware of unique circumstances surrounding their RLC's work. Fill this form out as soon as you and your Research Mentor realize you will have more than 100 hours of work in a term and less than 100 hours of work in a future term.

Important points to consider:

- Scholars are only allowed to rollover up to 50 hours per term. Any Rollover Requests for more than 50 hours will be denied without review.
- The request to rollover RLC hours from one term to another must be made in partnership with your Research Mentor. Forms submitted without your Research Mentor's signature will not be accepted or considered. Additionally, signatures from RLC Staff other than your Research Mentor will not be accepted or considered.
- Excess hours from the Academic Year cannot be applied to Summer Immersion or the following Academic Year.
- Excess Summer Induction RLC hours cannot be applied to the following Academic Year.
- For detailed information about when RLC hours apply, refer to the Scholar Success Committee Presentation on the EXITO website.

Fill out the form in its entirety, upload to DocHub, follow the instructions to send it to your Research Mentor, then submit to this Google Form.

Scholar & RLC Information

Scholar Name		**RLC Institution**	☐PSU
RLC (Lab Name)			☐OHSU
Research Mentor Name			
Research Mentor Email			

Explanation

Use this section to provide a detailed explanation of the circumstances that prompted you to submit a Rollover Request.

Reason for the Excess Hours

Reason for an Insufficient Hours

Plans to Maintain Consistent RLC/Scholar Communication

RLC Hours Rollover Agreement

Due to circumstances described above, _____ (# of rollover hours) worked during _____ (term) will be applied to _____ (term).

Research Mentor Initials: _____ Scholar Initials: _____

Signatures

We certify that the information presented in this request is accurate to the best of our ability and knowledge. We understand that the Scholar Success Committee reserves the right to disapprove this request and that we may appeal their decision if necessary.

Research Mentor Signature: _____ Date: _____
Scholar Signature: _____ Date: _____