Material Research Institute
Cofund Memorandum of Agreement

Expectations:

1. MRI expects that cofunds are excellent in research and have an open mind to collaborate with other disciplines and to build interdisciplinary research opportunities at Penn State.
2. Cofund faculty are also expected to provide support to MRI in terms of active support for our Centers, research programs and Instrumentation Facilities. Failure to be involved will result in removal of salary support.
3. All appointment letters for new faculty must recognize support from the Materials Research Institute and incorporate the expectations of the MRI to be involved in excellent research, interdisciplinary activities, and provide active support.
4. MRI requires all cofunds to be involved in teaching undergraduates, but the level of this teaching should not be such that it prevents the researcher from undertaking their research tasks. Ideally we would like cofunds to teach less than 3 courses per annum but appreciate that this is discipline-dependent where some of the quantitative disciplines have a greater teaching load.

Faculty Reviews

1. Cofunds are expected to submit their faculty activity report to the MRI director annually when completed. Cofunds are reviewed following their fifth year as a co-hire faculty member.
2. The following criteria is used for evaluation purposes and will be graded (excellent, good, weak):
   a. Academic excellence
   b. Interdisciplinary research activities
   c. General support of MRI to include: participation in centers, research programs, appropriate committees, and facility users
   d. If a faculty member is considered weak, there will be discussions with the appropriate dean and department head. Departments should expect that funding will be reduced in 33% increments over the next few years until all funding support is depleted.

Signatures:

Department __________________________________________

Department Head: Name __________________________ Signature ______________________ Date ______________

Cofund Faculty: Name ______________________________ Signature ______________________ Date ______________

MRI Director: Name ______________________________ Signature ______________________ Date ______________