

IOWA STATE UNIVERSITY

Sustainability Institute for Machine learning and Collaborative Open-source Development of Enzymatic Simulations (SIMCODES)

(<https://simcodes-isu.github.io/>)

Congratulations on being selected to participate in the 2026 Sustainability Institute for Machine learning and Collaborative Open-source Development of Enzymatic Simulations (SIMCODES). The program will be held from Monday, June 1, 2026, to Friday, August 7, 2026, at Iowa State University. Interns will travel to the ISU campus on Sunday, May 31, and will travel home on Saturday, August 8, 2026. SIMCODES will be hosted by the Department of Chemistry and the Department of Computer Science at Iowa State University in Ames, Iowa.

The SIMCODES program is a full-immersion program. During the course of the summer you will be expected to work 40 hours per week. You will conduct cutting-edge research at the increasingly important interface between chemistry and computers. Your research project will involve working together with a team of one or two other students (likely from different fields of training) on a common research project under the supervision of ISU faculty. You will receive training and hands-on experience in the exciting field of machine learning and enzymatic simulations. This will include classroom lectures, activities, and get-to-know-faculty seminars. You will also be expected to participate in extracurricular activities held on evenings and weekends – although we won't overload your schedule.

You will be expected to learn and use several technologies that you may not be familiar with including websites, programming languages, software engineering, and modeling software. However, because the SIMCODES program is interdisciplinary and every participant will have a different IT skill level, the most important aspect of the experience will be that you are open to learning new skills and always try your best.

The SIMCODES program will provide you with a stipend for the summer of \$7000. You will be provided with shared housing at Fredrickson Court Apartments on the Iowa State University Campus for the duration of the program. You will be given a meal plan and have will also have a kitchen available to you. Your travel will also be reimbursed within reason.

The SIMCODE experience is funded by the National Science Foundation, which means that we can accept only U.S. citizens and permanent residents. By signing below, you promise that you are a U.S. citizen or a permanent resident.

To officially accept the position and participate, please respond to this offer by April 3rd, 12:00 p.m. central time via email. You can email your response to Theresa Windus. (twindus@iastate.edu) You will also need to sign below, fill out all the attached forms, and return them ASAP.

If you have any questions about the nature of the program, please do not hesitate to contact us. I look forward to seeing you this summer.

Theresa Windus, Program Director
ISU SIMCODES Program

I _____ (print name) commit to participating in the 2026 SIMCODES REU. I understand the nature of the program and the expectations that come with participation in the program. I also understand that failure to meet these expectations may result in early removal from the program and forfeiture of the associated program benefits. I am a US citizen or permanent resident.

Signature: _____ Date: _____

Contact Information Form

Student Information

Name _____

E-mail _____

Cellphone _____

Parent/Guardian Information

Name _____ Relationship _____

Address (if different from student)

City _____ State _____ Zip _____

Daytime phone number _____

E-mail _____

Additional Name _____ Relationship _____

Address (if different from student)

City _____ State _____ Zip _____

Daytime phone number _____

E-mail _____

E-mail _____

IOWA STATE UNIVERSITY

**PARTICIPATION AGREEMENT FOR SIMCODES INTERNSHIP
and
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY**

Participant: _____

Participant's Home Institution: _____

Iowa State University Department/Unit: Chemistry/LAS

Name of ISU Laboratory or Research Group: SIMCODES REU

ISU Faculty Supervisor: Theresa Windus

Beginning Date: 05/31/2026

Ending Date: 08/08/2026

Participant has requested to participate in experiential learning activities at Iowa State University ("ISU"). This Participation Agreement must be signed prior to engaging in the experiential learning (research) activities ("Project").

PLEASE READ THIS PARTICIPATION AGREEMENT CAREFULLY.

IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE PROJECT.

In consideration of Iowa State University allowing Participant to participate in this Project, Participant agrees to the following terms:

I. Participation arrangements:

- 1. Project Description.** Participant understands that the participant has been approved to participate in the Project described in the "Undergraduate Internship Program Request/Approval Form" ("Attachment"). Participant is authorized to conduct the internship activities described in Attachment under the supervision of a Faculty/Staff Supervisor and this will include pre-project training and orientation. Any changes to the Project Description must be approved by the Faculty/Staff Supervisor. Descriptions in Attachment are considered a part of this agreement.
- 2. Use of Equipment, Supplies and Services.** Except as specifically authorized by the Faculty/Staff Supervisor or in the Project Description, Participant agrees to be responsible for the costs for use of equipment, supplies, services and clerical support for the Project. Participant is responsible for all travel, lodging and living costs, except those authorized by the Department/Unit.

3. **Behavior Expectations of the Participant.** Participant agrees to abide by:
 - a. The laws of the United States, as well as state and local laws.
 - b. ISU policies, rules and regulations.
 - c. ISU laboratory safety standards and standards of the Department/Unit, together with all related training in general and specifically applicable to the Project.
 - d. Standards of conduct applicable to ISU students and/or employees.
 - e. ISU rules, standards and guidelines applicable to foreign students and scholars, and maintenance of appropriate visa status.
 - f. The SIMCODES REU program expectations document.

This Participation Agreement may be terminated for violation of any of the above.

4. **Intellectual Property and Confidentiality.** Participant agrees that any intellectual property created as part of this Project shall be owned by ISU, unless a separate written agreement exists. Participant may be granted access to the research of ISU faculty and students. Participant agrees to protect and maintain the confidentiality of the research products of such faculty and students. Participant will not use data or research of ISU employees and students without permission and appropriate attribution of credit.
5. **General Conditions.** Participant must have the requisite skills and ability to engage in the activities indicated in the Project Description and agrees to provide documentation of such skills and ability upon request. Participant also must have the requisite competence in the English language and agree to provide documentation of such competence upon request.
6. **Health Requirements.** Participant must be healthy and reasonably fit to safely participate in Project activities. By signing this Participation Agreement, Participant agrees:
 - a. That the participant has the requisite physical fitness and ability to participate safely in the specified activity.
 - b. To furnish ISU with a medical information and/or emergency contact form. Participant agrees to undergo health screening with a health care professional of ISU's choosing upon request.
 - c. To inform the Faculty/Staff Supervisor of any medication, ailment, condition, or injury that may affect performance in the Project.
 - d. To maintain health insurance as required of international students and scholars visiting ISU when that Participant is not a U.S. citizen, and to bear all financial responsibility for such insurance.
 - e. To bear all financial responsibility for any medical treatment arising from participation.
 - f. That if an injury or other medical condition occurs or arises, an ISU representative has permission to provide routine first aid or seek emergency treatment including x-rays or routine tests. In an emergency situation, the Faculty/Staff Supervisor or other ISU representative has the authority to secure treatment, including hospitalization and to contact the individual(s) listed in the emergency contact form.

- g. To the release of any record necessary for treatment, referral, billing or insurance purposes.
7. **No Worker Injury Program Applies.** Participant understands that no worker injury program applies, including, but not limited to, Worker's Compensation. Participant understands that the participant must rely upon their own financial resources and health insurance for coverage of any medical expense arising out of participation.
8. **Miscellaneous.** Participant agrees that they:
- a. Understands that ISU shall have the right to release him/her/they without prior notice, and upon termination, to return any keys and ISU property.
 - b. Has no authority to enter into a contract or make a financial commitment on behalf of ISU.
 - c. Will not represent that s/he/they is a student or employee of ISU.
 - d. If Participant is not a U.S. citizen, Faculty/Staff supervisor must complete the ISU Export Control Worksheet available at International Students and Scholars Office (ISSO).
 - e. This Participation Agreement will terminate upon the Ending Date indicated above, unless extended in writing by the Faculty/Staff Supervisor and Department Chair/Director.

II. Assumption of Risk and Waiver of Liability:

1. **Inherent Risks and Dangers of Project Activities.** Participant understands and acknowledges the inherent risks and dangers that potentially exist when participating in the environments and activities described in Attachment (Request/Approval Form), Item V. Participant agrees to ASSUME THE RISKS of participating and adhere to authorized activities and responsibilities, and only operate equipment as per training and authorization listed in Items IV. and V., and complete required training and use personal protective equipment as required in Item V. The Faculty/Staff Supervisor may add to these requirements as the program progresses.
2. **Waiver and Release of Claims.** Participant hereby RELEASES FROM LIABILITY, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE State of Iowa; Board of Regents, State of Iowa; and Iowa State University; and their officers, servants, agents, or employees, including students participating in the Project, (all of whom hereinafter are referred to as RELEASEES) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury, including death, involving Participant or Participant's property.
3. Participant further agrees that this Participation Agreement shall bind the members of Participant's family and spouse, heirs, assigns and personal representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. This Participation Agreement shall be construed in accordance with the laws of the State of Iowa.

By signing this Participation Agreement, I attest to the fact that I am eighteen years of age or older and meet all eligibility requirements of the SIMCODES REU program.

I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Signature of Participant **Date** _____

Accepted by:

Signature of Faculty/Staff Supervisor **Date** _____

Signature of Department Chair/Director **Date** _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:

Backup Contact (Relative or Friend):

Name _____

Name _____

Relation to Participant _____

Relation to Participant _____

Daytime Phone () _____

Daytime Phone () _____

Evening Phone () _____

Evening Phone () _____

INSURANCE INFORMATION

Policy Holder's Name _____ Relationship to Participant _____

Policy Holder's Phone # _____

Address _____ City, State, Zip _____

Insurance Company Name _____

(IF KNOWN) Insurance Company Customer Service Phone # _____

If an injury or other medical condition arises, I HEREBY GIVE PERMISSION to the ISU representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests.

In an emergency situation, I give permission for an ISU representative to contact the individual(s) that I have listed under Medical Emergency Contact Information.

In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the ISU representative to secure and administer treatment for me, including hospitalization.

Date

Participant Name (please print)

Phone

Participant Signature

Special Diets or Accommodations Information

In order to make your summer experience positive, please list any special dietary restrictions or accommodations that you may need during your stay. There will be a limited number of group luncheons and additional optional activities. Knowing any special needs will help us in planning menus and events. If you do not have dietary restrictions or do not need any form of accommodation, please put none or N/A.

**AUTHORIZATION
USE OF PHOTOGRAPH/IMAGE/VOICE RECORDING**

Sustainability Institute for Machine learning and Collaborative Open-source Development of
Enzymatic Simulations (SIMCODES)
Iowa State University
Ames, IA 50011

PLEASE READ THIS CAREFULLY! It affects any rights you may have concerning the use by Iowa State University (ISU) and the Sustainability Institute for Machine learning and Collaborative Open-source Development of Enzymatic Simulations (SIMCODES) of any photographs, images and/or voice recordings taken of you during the following program:

Sustainability Institute for Machine learning and Collaborative Open-source
Development of Enzymatic Simulations (SIMCODES)

In consideration of my participation in this program, I _____, hereby grant full permission to ISU and SIMCODES to use record, reproduce and exhibit my name, image, likeness, voice, any or all of them in the production of publicity, including printed publications, and video/audio and digital recordings, for use in a world-wide website, television tape recording, sound track recording, motion picture, filmstrip, or still photograph, or any transcript, etc., in connection with the Sustainability Institute for Machine learning and Collaborative Open-source Development of Enzymatic Simulations (SIMCODES).

I agree that I am to receive no further consideration, other than already received, for any use or future uses by ISU of the SIMCODES.

I intend for this agreement to be binding on my heirs and successors, and it represents the entire agreement between the SIMCODES and me regarding the matters herein agreed.

I waive the right to inspect or improve the finished version, including written copy, which may be created in connection with the photographs, images and/or voice recordings.

I also consent to republication of my photograph/image and/or voice recording in the normal course of business at ISU, including any Internet publications about ISU and its programs.

(Date)

(Participant's Signature)

IOWA STATE UNIVERSITY

Sustainability Institute for Machine learning and Collaborative Open-source Development of Enzymatic Simulations (SIMCODES)

Program Expectations

- **Workload expectations:** Being an REU intern is a full-time job. You will be expected to arrive at your assigned location promptly at 9am and stay until 5pm each day of the work week (Monday – Friday) unless different arrangements are made with your faculty mentor.
- **Extracurricular activities:** There are occasional extracurricular activities that you are strongly encouraged to attend. These activities may include professional development opportunities, cultural events, movie nights, watching sports, game nights, etc. These are designed to help you get away from a demanding work environment, get to know your fellow interns, and enjoy some local attractions.
- **Outside Job or Schoolwork:** Due to the nature of the program and the work involved, there is no time for any other non-REU activities such as taking classes or working another job at the same time.
- **On-Campus Housing:** REU interns are required to live in campus housing for the duration of the program.

I, _____, agree to adhere to the aforementioned expectations during the Sustainability Institute for Machine learning and Collaborative Open-source Development of Enzymatic Simulations (SIMCODES) from Sunday, May 31, 2026, to Saturday, August 8, 2026.

Intern Signature

Date