

# UNDERGRADUATE RESEARCH PROGRAM (URP) APPLICATION

**Student Name:**  
**Date of Birth:**  
**Email:**  
**RIN #:**  
**Degree Program:**  
**Year:** First Year      Soph.      Jr.      Sr.  
**Semester:** Fall 20      Spring 20      Summer 20

**Conducting research in an experimental lab?**  
 Yes      No  
**Completed lab safety training?**  
 Yes      No  
 If yes, please indicate month/year training was completed.  
  
**Lab safety training is required if you work in a chemical, biological or radiation laboratory. Additional training requirements may be identified and required.**

**Faculty Research Supervisor**  
**Name:**  
**Department:**  
**Campus Phone:**  
**Faculty email:**  
**Project Title:**

## I AM REQUESTING CREDIT<sup>†</sup>

Course Number:

Total Number of Credits:

Please submit a Research Registration 4UR Form to the Registrar's Office for the course and credits listed --- **DO NOT ATTACH TO THIS FORM.**

[http://www.rpi.edu/dept/srfs/ugresearch%20project\(URP\).pdf](http://www.rpi.edu/dept/srfs/ugresearch%20project(URP).pdf)

<sup>†</sup>You cannot request both funding and credit

## I AM REQUESTING FUNDING

It is required that all URP funds be matched, 1 to 1, from either external or Institute sources.

Amount requested from URP \$  
**URP will provide up to \$400** – amount is subject to change.

Matching Funds in the amount of \$  
 at a rate of \$      per hour will come from  
 Fund #      Org. #  
**The minimum hourly rate for the URP is \$10.00** however; the Department may pay the student at a higher rate if they choose to do so.

**YOU ARE REQUIRED TO SUBMIT YOUR HOURS TO THE DEPARTMENT COORDINATOR - THE HOURS MUST BE RECORDED WITHIN THE SAME PAY PERIOD THAT THEY ARE WORKED.**

## I AM PARTICIPATING JUST FOR THE EXPERIENCE

### I N S T R U C T I O N S

1. Using your laptop, complete all fields.
2. Print the completed form, sign it, and get signatures from your research supervisor and URP Dept. Coordinator.
3. Send to Office of U.G. Ed.

**RESEARCH PLAN - Please include your research plan on page 2 of this application.**

## SIGNATURES

Student	Date	Faculty Research Supervisor	Date	Department URP Coordinator	Date
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# ***UNDERGRADUATE RESEARCH PROGRAM (URP) APPLICATION***

Student Name: \_\_\_\_\_

## **RESEARCH PLAN:**

### **Project Description:**

A *student-written* description of the planned research to be undertaken must be submitted with this application. This description should include a description of the research objectives and the role of the student in the research project. **An insufficient research plan will be returned for further explanation and may delay funding until it is completed and returned to this office.**