UNDERGRADUATE RESEARCH PROGRAM (URP) APPLICATION

Student Name: Date of Birth: Email: RIN #: Degree Program: Year: First Year Semester: Fall 20	Soph. Spring 20	Jr. Sr. Summer 20	Yes Completed lab safet Yes If yes, please indicat Lab safety training in biological or radiati	No ty training? No te month/year training was com is required if you work in a chen ion laboratory. Additional train be identified and required.	Name: Departme Campus I spleted. Faculty en Project Ti	Phone: mail:
I AM REQUESTING CREDIT [†] Course Number:			-	ESTING FUNDING URP funds be matched, 1 to 1 or Institute sources.	A PARTICIPATING JUST R THE EXPERIENCE	
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 †You cannot request both funding and credit			URP will provide up Matching Funds in th at a rate of \$ Fund # The minimum hourl Department may pay YOU ARE REQUIRD DEPARTMENT COORECORDED WITHI	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		 INSTRUCTIONS Using your laptop, complete all fields. Print the completed form, sign it, and get signatures from your research supervisor and URP Dept. Coordinator. Send to Office of U.G. Ed.
RESEARCH PI	LAN - Pleaso	e include your r	esearch plan on page 2	of this application.		
Student		Date	Faculty Research Super	visor Date		t URP Coordinator Date

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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.**