

SUMMER 2016 Undergraduate Research Opportunity Funding Application NYUAD Faculty Mentor Approval Form

SECTION ONE (to be completed by student)

Student Contact Information

First and Middle Names	
Last Name	
Net ID	
N Number	
Local Cell/Mobile Number	
Address	
student status changes during	my student status may impact the terms of my eligibility. If my gmy research opportunity at NYUAD, I will inform my faculty mentor, and the NYUAD Office of Undergraduate Research.
Student Signature	Date
I am below 18 years of age. I	If Yes, Dean of Students Approval:
SECTION TWO (to be con	npleted by NYUAD Faculty Mentor)
NYUAD Faculty Mentor Ap	proval
	equires your approval prior to submitting an application for
	ets the academic eligibility requirement (3.0 GPA) and/or cipation in a research opportunity during summer 2016.
Academic Mentor Name	
Academic Mentor Signature	Date