## UNDERGRADUATE RESEARCH PROGRAM (URP) APPLICATION

Student Name:	Degree Program:	Faculty Research Supervisor
Male: Female: Date of Birth:	Year: First Year Soph. Jr. Sr.	Name:
Campus or Local Address:	Semester: Fall 20 Spring 20 Summer 20	Department:
	U.S. Citizen: Yes: No:	Campus Phone:
	If no, country of citizenship:	Faculty email:
Campus/Local Phone:	Do you have an interest in teaching in the future?	Project Title:
Email:	Yes No	
RIN #:	Ethnicity: Afr. Am. Hisp. Native Am. Other	
I AM REQUESTING CREDIT <sup>†</sup>	I AM REQUESTING FUNDING It is required that all URP funds be matched, 1 to 1,	I AM PARTICIPATING JUST FOR THE EXPERIENCE
Course Number:	from either external or Institute sources.	INSTRUCTIONS
Total Number of Credits:	Amount requested from URP \$	d Heimannan landan 600 and dein
Please submit an Independent Study Registration Form to the Registrar's Office for the course and credits outlined above. <b>DO NOT ATTACH TO THIS FORM.</b> †You cannot request both funding and credit	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; Department may pay the student at a higher rate if they choose  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.	sign it, and get signatures from your research supervisor and
RESEARCH PLAN - Please include your resear	ch plan on page 2 of this application.	
SIGNATURES		
Student Date	Faculty Research Supervisor Date	URP Dept. Coordinator Signature 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.