UNDERGRADUATE RESEARCH PROGRAM (URP) APPLICATION

Student Name: slkdkfj	Degree Program:	Faculty Research Supervisor	
Male: Female: ✓ Date of Birth: sdf	Year: First Year Soph. Jr. Sr.	Name:	
Campus or Local Address:	Semester: Fall 20 15 Spring 20 Summer 20	Department:	
sdf	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: sdf	Yes No No		
RIN #:	Ethnicity: Afr. Am. Hisp. Native Am. Other		
☐ I AM REQUESTING CREDIT [†]	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: Please submit a 4UR Form directly to the Registrar's Office for the course and credits outlined above. †You cannot request both funding and credit	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; to Department may pay the student at a higher rate if they choose		
	YOU ARE REQUIRED TO SUBMIT YOUR HOURS TO THDEPARTMENT COORDINATOR - THE HOURS MUST BE RECORDED WITHIN THE SAME PAY PERIOD THAT THEY ARE WORKED.	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: slkdkfj	
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.