



URCA Associate Application

These sheets must be delivered to Rendleman Hall 3102 by noon on the third Friday of March.
Please print or type.

STUDENT _____

MENTOR(S) _____

PROJECT TITLE _____

Upon submitting this proposal, I verify that this writing is my own and pledge to fulfill all of the expectations of the Undergraduate Research and Creative Activities Program to the best of my abilities. I understand that failure to do so may result in return of fellowship money to the University and forfeiture of academic credit and honors recognition.

Student Signature

Date

I am able, willing, and committed to providing the necessary facilities and to take the time to mentor this student during this project. I verify that this student is capable of undertaking this proposed project. I also commit to helping the student receive necessary approvals and clearances for this study prior to beginning work on the project.

Faculty Mentor Signature

Date

This project is within the mission and scope of this department, and the department fully supports the faculty mentor and student during this venture.

Department Chairperson Signature

Will this URCA project satisfy your department's Senior Assignment requirement? Circle one: Yes No

Date

I support this proposed faculty-student scholarly activity as within the mission of the College/School.

Dean's Signature

Date

1. Applicant's Name: _____

2. Project Title: _____

3. Mentor(s): _____

4. Social Security #: _____ 5. SIUE ID #: _____

6. Local Address: _____

7. Permanent Address (If different from above): _____

8. Telephone #1: _____ Residence Cell Permanent Address

9. Telephone #2: _____ Residence Cell Permanent Address

10. E-mail Address: _____

11. Academic Major: _____

12. Hours Completed: _____ 13. GPA (4-point scale): _____

14. Special clearances/approvals required for the project:

___ Human Subjects ___ Toxic Waste ___ Animal Care ___ Other (Describe)

15. Summary of \$500 Project Budget:

_____ Commodities _____ Contractual Services _____ Student Travel Costs

_____ Equipment _____ Other (Specify)