

Last Name	
First Name	
Institution	

APPLICATION FORM

BACKGROUND INFORMATION

ADD	RESS								
HOME	Street					Street			
	City				CAMPUS	City			
	State					State			
	Zip					Zip			
_	Email					Email			
	Phone					Cell Phone			
DEG	REE								
Majo	r:				Minc	or:			
Class	of:		GPA:		Prior	Research:	Yes	No	
PROJ	ECT INTR	ODU	CTION						
Full T	itle:								
Instit	ution:						Start	Date:	
Department:				End Date:					
FACU	LTY AND	DEP	ARTMENT	COMMIT	MEN	IT			
FACU	LTY SPONS	OR							
Name	e:				[Department:			
Title:			F	Phone:					
Email	:								
Facul	ty Signature	!*:				Date:			
complet	nature indicates ing this research ition evaluators	n as an	element of profe	search outlined ssional develop	d, comr pment.	mit to serving as a Special Note: Spo	a resou onsorin	rce and advocate for the student g faculty are expected to serve as	in S
DEPAF	RTMENT DEA	٩N							
Name: Department:									
Title: Phone:									
Email	:								
Facul	tv Signature	*•				Date:			

Your signature indicates that the research undertaken in this project fully complies with your institution's policies and regulations. Further, the student will be granted access to lab, equipment and resources to complete the research.



Student Signature:

Last Name	
First Name	
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STUDENT GOALS AND ACTIVITIES

DESCRIPTION OF RESEARCH: Please attach a brief outline of research including goals. (max 2 pages).

RE	ESEARCH PREPARATION AND GOALS
1.	What foundation have you established (or how would you describe your qualifications) to successfully conduct a research project?
2.	What are three learning outcomes/goals that you hope to achieve and how will the research promote reaching these objectives?
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RECOMMENDATION FORM

REFERENCE INFORMATION

Name:	
Title:	Phone:
Email:	
Faculty Signature:	Date:

RECOMMENDATION

The student whose name appears above is applying for a research opportunity funded through the ICUNJ Undergraduate Research Symposium. Candidate selection process considers multiple factors. Your candid evaluation will help identify which students could benefit most from this experience. This form is provided for your convenience; however, any additional comments are welcome. Please feel free to attach an additional page.

1. How long and in what capacity have you known the applicant?

2. In selecting a candidate to conduct research, the Selection Committee would like to learn how this student's academic ability, personal characteristics and/or ability to make significant contributions to his/her future profession distinguishes them from other candidates.



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FACULTY SPONSOR INPUT

st	engthening communication, critical thinking and technical skills	TACOLIT STONSON INTO
1.	How is student participation in research documented to project on timeline?	for stipend (as appropriate) and to keep research
2.	As the faculty sponsor how will you support the stude	nt(s)'s research goals?
2	What learning outcomes (goals do you expect the rese	arch participant(s) to realize?
3.	What learning outcomes/goals do you expect the rese	arch participant(s) to realize?
F	aculty Signature:	Date:



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RESEARCH PROJECT BUDGET

BUDGET (Please provide a description of expense items.)

	Line Item	Description	Item Cost	Totals
Equipment	purchased with funds received through an ICUNJ grant becomes the property of the ICUNJ member institution and disposition will be at the discretion of the institution's Academic Dean. Funds may be requested for specialized hardware or software additions to existing technology.	Description	\$ \$ \$ \$ \$ \$ \$	Totals
Supplies	Include general items required to conduct, record and report on the research project.		\$ \$ \$	\$
Travel	Includes mileage, airfare, meals and lodging. Travel expenses should be directly relevant to conducting research.		\$ \$ \$ \$	\$
Student Stipend (not to exceed 10% of total budget)	May be used for funding at minimum wage. Sponsoring faculty member(s) are responsible for providing justification for the estimated number of hours needed to complete the project and provide approximate dates for the span of time encompassing primary work involved in the project. No student stipend is to be paid for work resulting in academic credit.		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$
				T .
Other	Indicate all other costs involved with the project.		\$ \$ \$	\$ -
	lget (not to exceed \$1,000)		I	\$

Student Signature:	Date:
Faculty Name:	Department:
Title:	
Faculty Signature:	Date: