

LAST NAME	
FIRST NAME	
INSTITUTION	

## APPLICATION FORM

Monday **MARCH 23, 2026** 9 am - 2 pm

### BACKGROUND INFORMATION

#### ADDRESS

<b>HOME</b>	Street		<b>CAMPUS</b>	Street	
	City			City	
	State			State	
	Zip			Zip	
	Email			Email	
	Phone			Cell Phone	

#### DEGREE

Major:		Minor:	
Class of:	GPA:	Prior Research:	Yes No

### PROJECT INTRODUCTION

Full Title: \_\_\_\_\_

Student Partner(s)  
who will be  
presenting findings: \_\_\_\_\_

### FACULTY AND DEPARTMENT COMMITMENT

#### FACULTY SPONSOR

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

Your signature indicates that you support the research outlined, commit to serving as a resource and advocate for the student in completing this research as an element of professional development. Special Note: Sponsoring faculty are expected to serve as presentation evaluators at the Symposium.

#### DEPARTMENT DEAN

Name:	Department:
Title:	Phone:
Email:	
Faculty 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.



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## PERSONAL STATEMENT

Independent research offers an opportunity to be part of a transformative experience by connecting classroom knowledge to real-life scenarios. Each student's personal background and history help drive learning to include research. Please share the factors that contribute to your interest in your major, engagement in campus and community activities, and your career goals. Limit your response to 500 words. You may provide your personal statement on another sheet.

### RELEASE AUTHORIZATION

I certify that the information provided is a true, complete and accurate representation. I authorize release of any information pertinent to or referenced in my application to verify my eligibility for selection. I further agreed to recognition and/or acknowledgement of my award or participation in ICUNJ publications through photographs, excerpts from my application and interviews.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## STUDENT GOALS & ACTIVITIES

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

### RESEARCH 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?

i.

ii.

iii.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## FACULTY SPONSOR INPUT

1. How is student participation in research documented for stipend (as appropriate) and to keep research project on timeline?

2. As the faculty sponsor how will you support the student(s)'s research goals?

3. What learning outcomes/goals do you expect the research participant(s) to realize?

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Undergraduate Research Symposium

strengthening communication, critical thinking and technical skills

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## RESEARCH PROJECT BUDGET

**BUDGET** (Please provide a description of expense items.)

Line Item		Description	Item Cost	Totals
<b>Equipment</b>	Items 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.		\$	\$
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
<b>Supplies</b>	Include general items required to conduct, record and report on the research project.		\$	\$
			\$	
			\$	
<b>Travel</b>	Includes mileage, airfare, meals and lodging. Travel expenses should be directly relevant to conducting research.		\$	\$
			\$	
			\$	
			\$	
<b>Student Stipend</b> (not to exceed 90% 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. <i>No student stipend is to be paid for work resulting in academic credit.</i>	_____ research hours @ \$_____/hour	\$	\$
<b>Other</b>	Indicate all other costs involved with the project.		\$	\$
			\$	
			\$	
<b>TOTAL Project Budget</b>				\$
<b>URS Funding Request (not to exceed \$1000)</b> Funds are distributed to member institutions for application directly to student account and/or distributed to sponsoring department for proper administration to cover research project expenses. Funds may be provided as part of a larger scholarship award.				\$

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_