

Rochester Institute of Technology
College of Science
Undergraduate Student Summer Research Award Application

Name: _____ Student's Signature _____ Date: _____

Email Address: _____ Student ID: _____

Present Address: _____

_____ Telephone: _____

Department: _____ Program: _____

Expected Date of Graduation: _____ GPA _____

Are you currently a member of RIT's Honors Program? Yes ___ No ___ (not necessary to be a member to submit proposal funding request)

Faculty Research Mentor: _____

Faculty Research Mentor Signature (Faculty letter of support can/will count as signature)

Title of Project: _____

Department in which project is to be performed: _____

Courses that you have had that are relevant to the proposed project:

<u>Course Number</u>	<u>Course Name</u>	<u>Quarter Taken</u>	<u>Grade</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Skills, knowledge, etc., pertinent to the project: _____

Have you applied to another source of funding for this project? If so, please indicate where.

**** IMPORTANT ****

**** IMPORTANT ****

**** IMPORTANT ****

Save in pdf format : **last name_application.pdf AND last name_proposal.pdf**

Submit Application and Proposal by email to: **2submit@rit.edu** by Friday, Feb. 18, 2011 **