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:

Course Number	Course Name	Quarter Taken	Grade

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

_____

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

_____

Are you interested in obtaining RIT housing for the summer quarter? Yes☐ No☐

** 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 Monday, Feb. 9, 2009 **