IMPORTANT NOTE: SAVE A COPY OF THIS FORM PRIOR TO ENTERING INFORMATION

## COLLEGE OF CREATIVE STUDIES | Summer Undergraduate Research Fellowship **APPLICATION DEADLINE: Apr 4, 2016** (submit to J. Johansen, CCS Bldg. 494, rm 102)

	(submit to ). Johansen, CC3 blug. 494, fill 102)		
Full Name:	Perm No.:		
Email:	Phone:		
Address:	City, State, Zip:		
Major(s):	CCS Faculty Advisor:		
Expected Graduation Date: Current GPA:			
Spring Course Enrollment:			
UCSB Employment - are you now, or have you previously been employed by UCSB? Yes No			
If yes, please indicate the most recent department and quarter:			
No. of weeks, up to 12, you can dedicate to SURF this summer: Approx. dates:			
Previous research/laboratory experience (if any):			
Previous awards, scholarships or distinctions:			
If you have previously received a SURF award, list	the name of the faculty lab and year:		
Career goals:			
Role that participating in research would play in	vour educational & career apals:		
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Area(s) of research that interest(s) you:			

Please describe your proposed SURF	project, and identity the pro-	ojectiis Researd	ch Director.
Additional comments or special cons	siderations:		
Are you applying to other summer pr	ograms? If so, which ones?		
	<u> </u>		
Are you applying for any other summ	or funding sources? If so w	hich ones line	ludo grants stinonds
fellowships, support from project adv	•	Therrones (inc	iode grains, superias,
Name two or more faculty (one labo write letters of recommendation. One			
Name:		Department:	
Name:		Department:	
Name:		Department:	
It is the appliicant's responsibility to ensure t	the following box is completed b	by the Research	Director prior to submission.
TO	BE COMPLETED BY RESEARCH	DIRECTOR	
Research Director Full Name:			
Research Director Email:			
1) I have read the completed app 2) There usually is not enough CCS programs. Is there additional fur  Yes, amount: \$ No Comments:	S funding to bring the summe nding available for a suppler	er stipend up to	the amount of many other
Research Director's Signature			Date
I, the applicant, verify that I have per research opportunity. I acknowledge any other work, internships or fellowsh	e that the research work is e		
Applicant Signature		 Date	