

ESURP

ESU Summer Undergraduate Research Program

Cover Page

Project Title:

Student Name: _____ **ESUID#** _____

Phone: _____ **E-mail:** _____

Check here if you have been accepted into the Honors College

Degree and Major: _____

Expected Graduation Date: _____

Faculty mentor: _____

Phone: _____ **E-mail:** _____

Department: _____

By digitally signing below we indicate all of the information that we have provided in this application is accurate and complete. The act of submitting this proposal indicates our commitment to devoting at least 25 hours per week for eight weeks during the summer, participating in the bi-weekly meetings which will be held on Wednesdays at noon, presenting a progress report in August and presenting the final results of the project at the annual ESU Research and Creativity Day next Spring. Our signature also indicates that this proposal was completed by the student with faculty consul.

Digital Signature (student): _____ Date: _____

Digital Signature (mentor): _____ Date: _____