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.

Digital Signature (student): ___________________________ Date: _____________

Digital Signature (mentor): ___________________________ Date: _____________