Complete the form - scan and e-mail to mcginnr@temple.edu or drop off completed form in the CST Advising office – Paley Library – First Floor. If you have any questions, please contact Rose McGinnis mcginnr@temple.edu

NOTE – This is a 2-page form - both pages must be complete to be approved by the CST Deans Office

All Forms are due by Wednesday, September 6th, 2017

Faculty Sponsor Information

Name _____________________ Signature ___________________ email _______________________

Department/School ___________________________ Phone Number _______________ Date __________

Project Title ______________________________________________________

Faculty Research Account ___________________ (required)

Please see page 2 for additional required research project information

Student Information

Name _____________________ Signature ___________________ Date __________ email: __________

9-digit TUID ____________ CST Major ______________________ Phone Number ____________

Have you participated in URP in the past? Yes ___ No ___ If Yes what semester ____________

Have you ever been on Temple Payroll? Yes _____ No ______

Research Course Information - You must register for the research course prior to submitting form

Dept # ________ Course # ________ Section # ______ CRN _______ Credits hours ______
Hours per week spent in lab for course contact hours (must be at least 3 times the credit hours) ______

If you are taking a Biology or Chemistry research course, you must complete the department-required forms to be eligible to complete your research – please see the Faculty Advisor in the Biology or Chemistry department for additional information.

Department Approval Signature (required)
Faculty Advisor in CST Department where the student is taking the course must approve the research course

Name _____________________ Signature ___________________ Date _______
The following information MUST be included for your application to be considered. This page should be typed, with graphics inserted as appropriate. You can attach an additional page if necessary.

**Project Title:**

**Project Description**

1) A short paragraph describing the most important background information about your project:

2) One or two references to the most current literature dealing with the problem to be undertaken:

3) Describe the contributions to the research project that you, the student, expect to make during the semester. Please state a hypothesis and outline your planned experiments or research approaches to test the hypothesis, being as specific as possible. If your project is more discovery-based, please state the overall research goal instead of a hypothesis:

    **Hypothesis or research goal:**

    **Outline your planned experiments or research approaches to test the hypothesis:**

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**CST Dean’s Office Approval**

This section completed by the CST Dean’s office after form is submitted to Rose McGinnis – mcginnr@temple.edu

Signature ____________________________________ Date __________________

Date Received: ____________ Academic status: ______ Registration ________ Number of Previous URP Semesters: ______

6/26/17