

**Undergraduate Research Program
(URP)
Summer Approval Form
Summer 2017**



**Undergraduate
RESEARCH PROGRAM**



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 at mcginnr@temple.edu

NOTE – Both pages must be complete to be approved by the CST Deans Office

All Forms are due by Thursday April 26th, 2017

Faculty Sponsor Information

Name _____ Signature _____ Date _____

Department/School _____ Phone Number _____

Project Title _____

Faculty Research Account _____ (required)

Department Payroll Contact Name: _____ email: _____

(Information must be provided so that students can be placed on payroll in the department)

Student Information

Name _____ Signature _____ Date _____

9-digit TUID _____ CST Major _____

Cell Phone Number: _____

Have you ever been on Temple Payroll? Yes ___ No ___

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

Are you planning on taking summer classes? Yes ___ No ___

If Yes please list _____

(Enrollment in summer classes is restricted to only the 4 week term and the 12 week term – please contact Rose for any questions)

Research Information

Estimated number of hours per week _____ Hourly Rate _____

Estimated number of weeks to work over the summer _____

Start Date _____ End Date _____ (Earliest Start Date – 5/15 Latest End Date 8/25)

Approval Signatures (required)

Chairperson of Faculty Sponsor Department

Name _____ Signature _____

This information must be complete and should be typed with graphics inserted as appropriate

Project Title: _____

Project Description you must provide:

- 1) A short paragraph describing the most important background information along with one or two references to the most current literature dealing with the problem to be undertaken.
- 2) A short paragraph or two describing the contribution to the research project that you, the student expects to make during the time period of this research project. Please follow the scientific method by stating a hypothesis and outline your planned experiments or research approaches to test the hypothesis, being as specific as possible.

_____ **CST Deans Office Approval** _____

For CST Approval Process only: This will be completed after the form is sent to Rose McGinnis

Approver – Dr. Mike Lawlor _____ Date _____

Date Received: _____ Current academic status: _____ Number of Previous URP Semesters: _____
Payroll verified: _____