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, 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 Tuesday, December 5th, 2017

Faculty Sponsor Information

Name _______________________ Signature _________________ email _____________________
Department/School ___________________________ Phone Number _________________ Date _______

Project Title __________________________________________________

Faculty Research Account ______________________ (required)

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) _______

NOTE: You will be eligible for extra paid URP hours ONLY if you are taking a 3 or 4 credit research course.

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 _______

10/27/17
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: _________

10/27/17