Complete the form - scan and e-mail to mcginnr@temple.edu or drop off completed form at 1810 Liacouras Walk - Room 203F
If you have any questions please contact Rose McGinnis at mcginnr@temple.edu

All Forms are due by Thursday April 28th, 2016

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 – 5/9 Latest End Date 8/26)

Approval Signatures (required)
Chairperson of Faculty Sponsor Department
Name _______________________ Signature _________________

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

Approver – Dr. Shohreh Amini _______________________ Date _______
Date Received: _______________ Current status: _______ Number of Previous URP Semesters: ________
Payroll verified: ____________________________