Complete sections 1, 2 and 4 with your PI and get their signature – Then take the form to the Faculty Advisor for your major and have them complete section 3 – they will register you for the correct research course. Either you or your department must then get the form to Rose McGinnis mcginnr@temple.edu in the CST Advising office – Paley Library – first floor we will complete section 5. 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 Wednesday, September 5th, 2018

1) Principal Investigator (PI) Information - Faculty member you are doing research with

Note to Faculty – Please review required Project Information on page 2 in detail prior to signing

Name _______________________ Signature _________________ email ________________________

Department/School ________________________ Phone Number _________________ Date __________

* Will the student have any additional requirements in terms of their course grade? (for example; paper, poster, presentations, exam) YES or NO – If YES please specify ____________________________

* Are there any materials that the student will be working with or health hazards that the student will be exposed to, which requires special safety training prior to starting their research in the lab? YES or NO
  ○ If YES, will you provide the training or will the student need to contact Environmental Health & Radiation Safety (EHRS) ________________________________

* Is the student required to have any particular vaccinations or boosters prior to starting in your lab? YES or NO

Faculty Research Account __________________________ (required)

2) 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 ____

For Chemistry Research Course, you must complete the department-required forms to be eligible to complete your research – please see the Faculty Advisor in the Chemistry department for additional information.

3) Research Course Information - You must be registered for the research course prior to submitting form

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

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) _______

For Biology Research Courses only – Will the student be taking the course for a Grade or Pass/Fail? __________________

Department Approval Signature (required)

Faculty Advisor in CST Department where the student is taking the course must approve the research course

Note to Faculty Advisor – Please review required Project Information on page 2 in detail prior to signing

Name _______________________ Signature _________________ Date __________
4) Research Project Information
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
A. A short paragraph describing the most important background information about your project:

B. One or two references to the most current literature dealing with the problem to be undertaken:

C. 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:

5)__________ C ST 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: ________

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