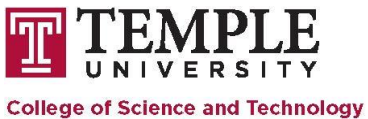


**Undergraduate Research Program (URP)
Revised Approval Form
Spring 2018**



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 – you cannot register yourself for the 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 Tuesday, December 12th, 2017

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) _____ 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: _____