

**Undergraduate Research Program (URP)  
Revised Approval Form  
Spring 2020**



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](mailto: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](mailto: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, December 2<sup>nd</sup>, 2019**

**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 \_\_\_ Will you have another job at Temple? Y or N

*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](mailto:mcginnr@temple.edu)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received: \_\_\_\_\_ Academic status: \_\_\_\_\_ Registration \_\_\_\_\_ Number of Previous URP Semesters: \_\_\_\_\_