WHAT YOU NEED TO DO:
1. Complete sections 1, 2, and 4 with your PI and get their signature
2. Take the form to your PI’s department office for the Chairperson Signature section 3 – your PI should be able to assist you with who this is.
3. Either you or your department must then get the form to Rose McGinnis in the CST Advising office in Paley Library - we will complete section 5.
4. 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 Monday, April 29th, 2019

Section 1 – Principal Investigator (PI) Information
Name _______________________ Signature __________________ Email ____________
Department/School ______________________ Phone Number ______________
Faculty Research Account ___________________ (required)
Department Payroll Contact Name: ___________________email: ___________________
(Information must be provided so that students can be placed on payroll in the department)

Estimated number of hours per week ________ Hourly Rate if other than $10 __________
Estimated number of weeks to work over the summer ___________
Start Date ___________ End Date _____________ (Earliest Start Date – 5/20 Latest End Date 8/23)

• 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
  o 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

Section 2 - Student Information
Name _______________________ Signature __________________ Date ______
9-digit TUID _______________ CST Major _____________________________
Email: ______________________ 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)

Section 3 - Approval Signatures (required)
Chairperson of Principal Investigator Department
Note to Chairperson – Please review required Research Project Information – Your signature also confirms that the PI has the necessary $2000 funding to support the student payroll.

Name _______________________ Signature __________________ Date: ________
Section 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
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 summer. 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:

Section 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

Mike Lawlor Signature __________________________________________ Date __________________

Date Received: _______________ Academic status: ______ Registration _______ Number of Previous URP Semesters: __________