

**Rochester Institute of Technology
College of Science
Undergraduate Student Summer Research Award Application**

Name: _____ Student's Signature _____ Date: _____

Email Address: _____ Student ID: _____

Present Address: _____

_____ Telephone: _____

Department: _____ Program: _____

Expected Date of Graduation: _____ GPA _____

Are you currently a member of RIT's Honors Program? Yes ___ No ___ (not necessary to be a member to submit proposal funding request)

Faculty Research Mentor: _____

Faculty Research Mentor Signature _____
(Faculty letter of support can/will count as signature)

Title of Project: _____

Department in which project is to be performed: _____

Courses that you have had that are relevant to the proposed project:

<u>Course Number</u>	<u>Course Name</u>	<u>Quarter Taken</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Skills, knowledge, etc., pertinent to the project: _____

Have you applied to another source of funding for this project? If so, please indicate where.

Are you interested in obtaining RIT housing for the summer quarter? Yes ___ No ___

**** IMPORTANT ** ** IMPORTANT ** ** IMPORTANT ****
Save in pdf format : last name_application.pdf AND last name_proposal.pdf
Submit Application and Proposal by email to: 2submit@rit.edu by Monday, Feb. 9, 2009 **