# Misericordia University Summer Undergraduate Research Fellowship

**2017**

**Student Participation Approval Form**

Applicant Information

|  |  |  |
| --- | --- | --- |
| Full Name:  |  | Date:  |
| *Last* | *First* | *M.I.* |
| CampusAddress:  |
| *Street Address* |  | *Apartment/Unit #* |

*City State ZIP Code*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone:  |  |  | Email  |  |  |
| Discipline / Major |  |  |  |  **GPA**  |  |
| **Sophomore Year Junior Year Senior Year** |
| Number of CreditsEarned  |
| Faculty ResearchAdvisor:  |
| Faculty ResearchAdvisor Signature:  |
| Program Dates: |  **May 29, 2017**  | Through: |  **August 4,2017**  | Stipend: | **$ 4,000.00**  |

Research presentations will take place in October 2017 (Open to the Misericordia Community)

On-Campus Housing

Will you require on-campus housing from May 29 – August 4, 2017? YES NO

Disclaimer and Signature

*I certify that the information is true and complete to the best of my knowledge.*

**Student**

**Signature: Date:**

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