# Misericordia University Summer Undergraduate Research Fellowship



**2017**

**Student Participation Approval Form**

Applicant Information

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

*City State ZIP Code*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone: |  |  | Email |  |  |
| Discipline / Major |  |  |  | **GPA** |  |
| **Sophomore Year Junior Year Senior Year** | | | | | |
| Number of Credits  Earned | | | | | |
| Faculty Research  Advisor: | | | | | |
| Faculty Research  Advisor 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:**

1