

# STUDENT RESEARCH PROGRAM APPLICATION: STUDENT INFORMATION

## Student Information

Name of Applicant	UMID	Sex (M/F)
Local Mailing Address	Permanent Mailing Address	
Local Telephone Number	Permanent Telephone Number	
Birthdate (mo/day/yr)	Uniqname	
Are you delinquent on the repayment of any federal debt(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes. If "Yes," provide an explanation on a separate sheet of paper.	Are you submitting an AADR Fellowship Application? <input type="checkbox"/> No <input type="checkbox"/> Yes Second year students are required to apply for an AADR Fellowship.	

## Education

Name of Institution (Most recent)	Month and Year Attended		Degree(s) received		Field or Department
	From	To	Degree	Mo & Yr	

Degree(s) Sought	Month and Year Expected	Are you in good academic standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Project Information

Name of Mentor	Title of Proposal
Description of Proposed Project	

Human Subjects:     not involved         involved        IRB approval date: \_\_\_\_\_  pending

Vertebrate Animals:     not involved         involved        UCUCA approval date: \_\_\_\_\_  pending

**I have discussed the research project with my mentor. I understand the goals and requirements of the program and agree that if awarded a Student Research Program Fellowship, I will adhere to them.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mentor: \_\_\_\_\_ Date: \_\_\_\_\_