

**UNCW UNDERGRADUATE RESEARCH FELLOWSHIP
COVER PAGE**

APPLICANT NAME: _____

MAILING ADDRESS: _____

MAJOR(S): _____

EXPECTED DATE OF GRADUATION: _____

TELEPHONE#: _____ E-MAIL ADDRESS: _____

DEPARTMENT WHERE YOU PLAN TO WORK: _____

FACULTY ADVISOR NAME: _____

PROJECT TITLE: _____

SPECIAL EQUIPMENT NEEDED FOR PRESENTATION: _____

For Faculty Advisor:

I have read the proposal and can attest to the project's significance. I have discussed the project with the student and can confirm that the student has written the proposal; that he/she is a rising junior or senior; that he/she has completed at least one semester at UNCW; and that he/she has the ability to complete the project in a timely, conscientious way. I agree to supervise this student in the above project and will be responsible for evaluating the student's performance. I also agree to ensure that a final report on the project's findings be submitted to the Director of CSURF, Dr. Kate Bruce, by the last day of the Spring semester of the award year.

Signature: _____ Date: _____

For the Department Chairperson:

I have read this proposal and the necessary support for the applicant is available within our department.

Signature: _____ Date: _____