

WOMS UNDERGRADUATE RESEARCH AWARDS
Semester Research Assistant and Summer Research Awards
Faculty-Student Application Form

Student Information:

Semester(s) / Summer for research award: _____

Student name: _____ Date: _____

College: _____ Department: _____

Major: _____ Minor: _____

Current GPA: _____ UD ID: _____

Campus Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Citizenship: _____

Do you have another job? _____

Is it on campus? _____

How many hours per week? _____

Faculty Information:

Faculty mentor: _____ Department: _____

Campus address: _____ Phone: _____ Email: _____

Title of research project: _____

Brief description of work to be performed by student:

Skills that student is expected to develop on this project:

Time commitment and expected distribution of hours:

The Award requested is:

_____ *Semester* Research Assistant Award

_____ *Summer* Research Award

Faculty signature: _____ Date: _____

Student signature: _____ Date: _____