

**WOMS UNDERGRADUATE RESEARCH AWARDS**  
**Semester Research Assistance And Summer Research Project**  
**Student Application Form**

Please note: You must contact a faculty member and discuss the research project before filling out this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Current year: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Name of the faculty member you would like to work with: \_\_\_\_\_

Have you contacted the faculty member? \_\_\_\_\_ yes \_\_\_\_\_ no

Title of the faculty's research project: \_\_\_\_\_