



Summer Research Award Application

This application should be completed, saved, and submitted to *The Office of Undergraduate Research* by **Friday, April 28th** as an email attachment to **OUR@csudh.edu**.

Part I: General Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: _____
Cell Home

Email Address: _____
CSUDH Email Alternate Email

Date of Birth: _____ Gender (please specify): _____

Part II: Academic Information

Student ID #: _____ Undergraduate Degree: BS BA

Major(s): _____ Minor(s): _____

Class Level: Freshman Sophomore Junior Senior

Grade Point Average: _____
CSUDH GPA Overall GPA Expected Graduation Semester & Year

Please indicate program participation in which you receive support, if applicable:

- CSU-LSAMP STEM Advantage/CAHSI Student Support Services Other:
- Ronald McNair Scholar Mellon Mays Presidential Scholar 1. _____
- RISE Sally Casanova Scholar EOP 2. _____

Are you receiving other funding for summer research? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the funding source(s) and amount	Funding source: _____ Amount: \$ _____
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Educational Objectives: Master's Degree Doctoral/Ph.D. Degree M.D./Ph.D.

Professional Degree (e.g. M.D., Pharm.D.) Other: (Please specify): _____

Part III: Research Proposal Approval

Name of Research Mentor: _____

Department: _____

Project Title:	
Project Abstract and Description of Research Proposal: (Please attach additional sheet if needed)	
Supplemental Questions:	
How could participating in this summer research program help your career path following completion of the bachelor's degree?	
Briefly describe what you expect to derive from your research experience at CSUDH?	

Research Mentor Signature

Date

Part IV: Student Acknowledgement and Authorization:

I acknowledge that all information provided by me in this application is true and accurate to the best of my knowledge. I understand and agree that The Office of Undergraduate Research reserves the right to verify information stated in this application. I authorize the office staff to review my CSUDH academic records and student profile for information needed to complete the evaluation of my application by the selection committee.

Student Applicant's Signature

Date

Application Checklist

The mission of **The Office of Undergraduate Research** is to enhance undergraduate student participation in research, contributing to the improvement of student outcomes by developing and supporting faculty-mentored original investigation within and beyond the curriculum.

The selection committee is comprised of faculty members that will select participants based on academic performance and interest in research. Selected students will receive a maximum of \$2,500 support. Student participants are required to report on their activities at the end of the summer and present their findings at the 2024 Student Research Conference (SRC).

Eligibility Criteria

Minimum GPA of 2.7

Currently enrolled as an undergraduate student at CSUDH

Continuing enrollment at CSUDH Fall 2023

Conducting research with a CSUDH faculty member

A rising sophomore, junior or senior

Supporting Documents

Please attach the following to complete this application:

CSUDH unofficial transcripts. If you are a new transfer student, please submit your previous college(s) unofficial transcripts.

A curriculum vitae (CV) or resume. Include any academic honors, awards, research experience and publications/presentations that resulted from that work.

Do you agree to have faculty reference contacted? Yes No

If yes, please list faculty reference information below:

Name of Faculty Reference	Institution/Department	Email