



UNDERGRADUATE RESEARCH IN THE COMMUNITY GRANT

Cover Sheet Group Projects

Project Title: _____

Year: _____ Semester: _____

Student Information (Project Leader)	Project Leader Student's Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor
	Campus: _____	
	Student's Signature _____	

Other Project Team Members	Other students on the project team: _____ _____
	Please see page 2 for more information on project team members.

Faculty Information	Faculty Mentor: _____ Department/College: _____
	<i>I certify that I have reviewed these students' proposal, that these students are capable of performing the work described, and that I will mentor these students throughout this project.</i>
	Faculty Mentor's Signature _____

Community Partner Information	Community Partner: _____ Organization: _____
	<i>I certify that I have been involved in the design of this proposal, and that I will mentor these students throughout this project.</i>
	Community Partner Signature: _____

Other Considerations	Is this project receiving additional funding from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain: _____
	Are you doing this project in conjunction with a faculty member's work? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	

Office of Undergraduate Research & Scholarship

Rasmuson Hall 115

(907) 786-1086

research@uaa.alaska.edu

<http://www.uaa.alaska.edu/ours>



UNDERGRADUATE RESEARCH IN THE COMMUNITY GRANT

Cover Sheet, Group Projects, Page 2

Project Title: _____

Complete the following Student Information blocks for each project team member. Attach additional sheets if necessary.

Student Information (Project Team Member)	Student Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: [<input type="checkbox"/>] Associate [<input type="checkbox"/>] Bachelor
	Student's Signature _____	Campus: _____

Student Information (Project Team Member)	Student Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: [<input type="checkbox"/>] Associate [<input type="checkbox"/>] Bachelor
	Student's Signature _____	Campus: _____

Student Information (Project Team Member)	Student Name: _____	Student ID: _____
	Address: _____ _____	Email: _____
	Major: _____	Phone(s): _____
	# of credits, current semester: _____	Degree: [<input type="checkbox"/>] Associate [<input type="checkbox"/>] Bachelor
	Student's Signature _____	Campus: _____

