



UNDERGRADUATE RESEARCH IN THE COMMUNITY GRANT

Cover Sheet Individual Projects

Project Title: _____

Year: _____

Semester: _____

Student Information

Student Name: _____ Student ID: _____

Address: _____ Email: _____

Phone(s): _____

Major: _____ Degree: Associate Bachelor

of credits, current semester: _____ Campus: _____

Student's Signature _____

Faculty Information

Faculty Mentor: _____ Department/College: _____

I certify that I have reviewed this student's proposal, that this student is capable of performing the work described, and that I will mentor this student throughout this project.

Faculty Mentor's Signature _____

Community Partner Information

Community Partner: _____ Organization: _____

I certify that I have been involved in the design of this proposal, and that I will mentor this student throughout this project.

Community Partner Signature: _____

Other Considerations

Is this project receiving additional funding from another source? Yes No

If yes, please explain: _____

Are you doing this project in conjunction with a faculty member's work? Yes No

If yes, please explain: _____

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