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| OURS/ALASKA INBRE  Undergraduate Research Assistantship Award (URA) Application Cover Page | C:\Users\jpgingrich\Desktop\INBRE Website\inbre logo.jpg |

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| Applicant Information | | | | | | | | | | | | | |
| Last Name |  | | | First |  | | | M.I. | |  | | | |
| Mailing Address |  | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | State |  | | | ZIP |  | | | | |
| Phone |  | | | E-mail Address | |  | | | | | | | |
| Major |  | Campus Location | | |  | | GPA (4.0 scale) | | |  | | | |
| Are you a citizen of the United States? | | YES | NO | | If no, are you authorized to work in the U.S.? | | | | | | YES | | NO |
| If you are not authorized to work in the U.S. please do not continue with this application. | | | | | | | | | | | | | |

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| Faculty MENTOR information | | | |
| Last Name |  | First Name |  |
| Department |  | Faculty Title |  |
| Email Address |  | Phone |  |
| *By signing this application, 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 Signature | | Date | |

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| Research compliance | | | |
| *Does this project involve any of the following:* | | | |
| Human Subjects Research | NO | YES | If Yes, Pending  or Approved  IRB # |
| Vertebrate Animals | NO | YES | If Yes, Pending  or Approved  IACUC # |
| Use of Radiation, Chemical Hazards | NO | YES | If Yes, specify |
| Use of Biohazards (Infectious or Recombinant DNA) | NO | YES | If Yes, specify |
| Intellectual Property/Tech Transfer | NO | YES | If Yes, specify |
| Import/Export of Data, Goods or Services | NO | YES | If Yes, specify |

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| Student Signature | |
| *I certify that I fully understand the questions on this form and that information given in this application is true and correct.* | |
| Signature | Date |

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| |  |  | | --- | --- | | OURS/ALASKA INBRE  Undergraduate Research Assistantship Award (URA) Application Budget Page | C:\Users\jpgingrich\Desktop\INBRE Website\inbre logo.jpg | | |
| Proposed Budget | |
| *Please provide your estimated summer hours from May 15-Aug 15, 2017; consult your mentor for hourly rate* | |
| WAGES: \_\_\_\_\_\_\_\_\_\_ hours at $\_\_\_\_\_\_\_\_\_\_ / hour | **Total est. SU17 wages:** |
| Benefits: (= Total est. Su17 wages x 0.095) | **Total est. SU17 benefits:** |
| **Total est. Personnel Costs** |  |
| *Please list the proposed supplies/commodities and services with associated costs to be purchased with the $2,500* | |
| **Supply/Commodity/Service** | **Estimated Cost** |
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| **Total Supplies/Commodity/Service Costs** |  |

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**3. Project Description**