



Virginia State University

Science, Technology, Engineering, Agriculture and Mathematics (STEAM)

PROPOSAL FOR FUNDING

REQUEST FOR STUDENT RESEARCH

This form needs to be completed in its entirety to be considered for the research funding in the VSU Undergraduate Research Program at Virginia State University. A copy of the student current academic transcript must be attached with the application.

Please PRINT or TYPE all information.

Name of Student: _____ Student's Department: _____

Student V#: _____ Student GPA: _____ Student Major: _____

Student Tel No.: _____ Student Email: _____

Mentor's Name _____ Mentor's Department: _____

Period: Fall 2015 Spring 2016 Summer 2016

Field: _____ Subcategory: _____

Research Title: _____

Is this a Research Continuation of the student research participant? Yes No

Description of Proposed Research Activity (or Progress Report or Preliminary Results Summary, if Research Continuation).

Research outcome from previous research period (if research continuation)



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Please provide for the requested period the following:

Proposed Activity Description:

Proposed Activity Goals:

Proposed Activity Outcome:

Student Signature: _____

Date _____

Research Mentor's Signature: _____

Date _____

Important Notification:

Student cannot start working without the approval of the proposed research activity.

FOR NEW PARTICIPANT: Student must complete the Responsible Conduct of Research (RCR) training at www.citiprogram.org prior to participation of any research activity. Training Score page must be submitted as proof of completion.

Student will complete the full application package once the research approval is approved and upon completion of the RCR training.



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APPLICANT PROFILE FORM

Student Applicant Profile: (Please fill one form for each student)

Student Participant Name : _____ Sex: _____ V#: _____

Ethnicity and Race: (Please answer both)

Please Indicate: [] Hispanic or Latino [] Not Hispanic or Latino

Please Select One:

- [] Black or African American [] Native American [] Alaska native
[] Asian [] White [] Native Hawaiian or Other Pacific Islander

Faculty Applicant Profile: (Please fill one form for each faculty)

Faculty Participant Name: _____ Sex: _____ [] MS [] PhD

Faculty Rank: [] Assistant Professor [] Associate Professor [] Professor

Ethnicity and Race: (Please answer both)

Please Indicate: [] Hispanic or Latino [] Not Hispanic or Latino

Please Select One:

- [] Black or African American [] Native American [] Alaska native
[] Asian [] White [] Native Hawaiian or Other Pacific Islander

Signature of Faculty Participant: _____ Date: _____

Signature of Student Participant: _____ Date: _____

Form must be completed and signed. Send or return completed form to the Office for Undergraduate Research (OUR), Hunter Mc, Room 145Nc), or to Box 9419, Virginia State University, Petersburg, VA 23806; or e-mail to adollete@vsu.edu.