

SFA College of Sciences and Mathematics
Summer Undergraduate Research Experience (SURE) Application

Faculty Member: _____ Faculty ID: _____

Department: _____ Faculty Email: _____

Have you previously received a SURE award? _____ If yes, when? _____

If yes, how did you disseminate results from previous awards (successfully published a paper or obtained a grant, submitted paper or grant based on results, presented results at external conference, etc.):

Student's Name: _____ Student ID: _____

Major: _____ Student Email: _____

Have you previously received a SURE award? _____ If yes, when? _____

Do you plan to attend the fall semester to obtain the \$500 tuition scholarship? _____

Proposed SURE Project

Title of proposed SURE project:

Description of proposed project (describe the scope of the project, including specific objectives):

Is this a new project or a continuation of a current project? If a continuation, what new work will be done as part of SURE?

SFA College of Sciences and Mathematics
Summer Undergraduate Research Experience (SURE) Application

Potential impact or significance of research:

Research Design (approach/methodology):

Literature review for project (must provide at least five peer-reviewed sources):

SFA College of Sciences and Mathematics
Summer Undergraduate Research Experience (SURE) Application

Project timeline (activity/task and time to complete):

Description of research and professional skills that the student will develop from the project:

Description of the involvement and activities that the student and mentoring faculty will have in this project:

Description of how you will disseminate results from the project:

**SFA College of Sciences and Mathematics
Summer Undergraduate Research Experience (SURE) Application**

Budget (\$0-\$500 with justification):

Amount requested for supplies from SURE: \$_____

Amount requested for supplies from department: \$_____

Amount of faculty stipend department will fund: \$_____

Amount of student stipend department will fund: \$_____

Chair approval: _____

Chair Signature

I have reviewed and agree to fulfill the expectations of the SURE award.

Student Signature

Faculty Signature

For internal purposes only:

Proposal Awarded _____ Proposal not award _____ Amount awarded: _____

Accounts to be used for award: _____