

WiscAMP Undergraduate Research Assistantship Application Form

College of Science & Health University of Wisconsin – La Crosse

Submit this application as a two page computer-generated form. **Do not change the format and please use 10 point font sizes.** This document should be jointly completed by the student and her/his faculty research mentor.

Name and ID# of Student:	Faculty Mentor: Mentor's Email:
Title of Research:	Department:
Major* (& Minor, if applicable):	Overall Grade Point Average:
Student's E-Mail:	Student Summer Contact:

* Student applicant must have declared a major in a science, technology, engineering or math field.

1. Student Demographic Information:

Gender: Male Female

Status: First Generation University Student Low-Income

Race: Black or African American Native American
 Native Hawaiian or Other Pacific Islander Alaska Native
 Asian White

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Disability Status: Hearing Impairment Visual Impairment Mobility/Orthopedic Impairment
 Other – please explain: _____
 None

Discipline: (Choose One)

Agriculture Science Chemistry Computer Science Engineering Geosciences
 Life/Biological Sciences Mathematics Physics/Astronomy Environmental Science
 Non-STEM

2. Description of the research project the student will assist with. (To be jointly completed by the student and faculty mentor)

3. **Describe the student's involvement with the research project, outlining the student's activities.** (To be completed by the faculty mentor)

4. **Student Statement.** Briefly describe how participating in this project will help you achieve your educational goals. (To be completed by the student)

5. **Compliance with regulations.** Indicate whether this proposal requires review for use of:

- | | | | | |
|------------------------------------|-----|------|----|------|
| a. Human subjects? | Yes | ____ | No | ____ |
| b. Vertebrate animals? | Yes | ____ | No | ____ |
| c. Hazardous biological materials? | Yes | ____ | No | ____ |
| d. Radioactive materials? | Yes | ____ | No | ____ |

If "Yes" is checked for any question, approval by the appropriate committee must be obtained (if IRB approval has not already been granted to the faculty mentor) before funds are awarded. Relevant information is available at <http://www.uwlax.edu/provost/grants/index.htm>

6. **Please attach the following items:**

____ Student transcript ____ Letter of recommendation for the student from the faculty mentor

7. **Signatures**

Student: _____ Date: _____

Faculty Mentor: _____ Date: _____

Department Chair: _____ Date: _____