



URCA Associate Application

These sheets must be delivered to Dr. Belasen's faculty mailbox in the Main Business Office (Alumni Hall 1102) by midnight on April 4, 2025.
Please type.

STUDENT

MENTOR(S)

PROJECT TITLE

Upon submitting this proposal, I verify that this writing is my own and pledge to fulfill all of the expectations of the Undergraduate Research and Creative Activities Program to the best of my abilities. I understand that failure to do so may result in return of fellowship money to the University and forfeiture of academic credit and honors recognition.

Student Signature

Date

I am able, willing, and committed to providing the necessary facilities and to take the time to mentor this student during this project. I verify that this student is capable of undertaking this proposed project. I also commit to helping the student receive necessary approvals and clearances for this study prior to beginning work on the project.

Faculty Mentor Signature

Date

This project is within the mission and scope of this department, and the department fully supports the faculty mentor and student during this venture.

Department Chairperson Signature

Will this URCA project satisfy your department's Senior Assignment requirement? Circle one: Yes No

Date

I support this proposed faculty-student scholarly activity as within the mission of the College/School.

Dean's Signature

Date

1. Applicant's Name _____

2. SIUE ID# _____

3. Local Address _____

4. Permanent Address _____
(if different from above) _____

5. Telephone _____ Cell Residence

6. E-mail Address _____@siue.edu

For stipend processing information only (your answers will in no way affect your application), please answer the following:

7. Do you have a social security number? (Do NOT provide SSN here.) Yes No 8.
Are you a foreign national? Yes No

9. Academic Major _____

10. Hours Completed _____

11. GPA (4-point scale) _____

12. Project Title _____

13. Mentor(s) _____

14. Departmental Administrator in charge of purchasing: _____

(In the case of dual mentors from differing departments, select one mentor's department to be in charge of purchasing.)

Email: _____@siue.edu

Phone: 618-650-_____

15. Special clearances/approvals required for the project

Human Subjects

Toxic Waste

Animal Care

Other (Describe) _____

16. Summary of \$500 Project Budget

Commodities Contractual Services Student Travel Costs Equipment Other (Specify)
