NJ Independent Colleges and Universities of New Jersey 2027 Undergraduate STEM Research Symposium

LAST NAME	
FIRST NAME	
INSTITUTION	

Tuesday **6 APRIL 2027** 9 am – 2 pm

APPLICATION FORM

BACKGROUND INFORMATION

ADDRESS

HOME	Street		CAMPUS	Street	
	City			City	
	State			State	
	Zip			Zip	
	Email			Email	
	Phone			Cell Phone	

DEGREE AND RESEARCH EXPERIENCE

Major:		Minor:	
Class of:	GPA:	Prior Research: ___Yes ___No	New Project: : ___Yes ___No

PROJECT INTRODUCTION

Full Project Title: _____

_____

Student collaborators who will join you to present findings (list all): _____

_____

FACULTY AND DEPARTMENT COMMITMENT

FACULTY SPONSOR

Name: Department:

Title: Phone:

Email:

Faculty Signature*: Date:

Your signature indicates that you support the research outlined, commit to serving as a resource and advocate for the student in completing this research as an element of professional development. Special Note: Sponsoring faculty are expected to serve as presentation evaluators at the Symposium.

DEPARTMENT DEAN

Name: Department:

Title: Phone:

Email:

Faculty Signature*: Date:

Your signature indicates that the research undertaken in this project fully complies with your institution's policies and regulations. Further, the student will be granted access to lab, equipment and resources to complete the research.

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PERSONAL STATEMENT

Independent research offers an opportunity to be part of a transformative experience by connecting classroom knowledge to real-life scenarios. Each student's personal background and history help drive learning and the impact of independent research. Please share the factors that contribute to your interest in your major, engagement in campus and community activities, and your career goals. Limit your response to 500 words. *You may attach a sheet for your personal statement.*

RELEASE AUTHORIZATION

I certify that the information provided is a true, complete and accurate representation. I authorize release of any information pertinent to or referenced in my application to verify my eligibility for selection. I further agreed to recognition and/or acknowledgement of my award or participation in ICUNJ events through posts, publications and social media via photographs or from excerpts drawn from my application and interviews.

Student Signature: _____ Date: _____

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STUDENT GOALS & ACTIVITIES

DESCRIPTION OF RESEARCH

Please attach a brief outline of research including goals. (max 2 pages).

RESEARCH PREPARATION AND GOALS

1. What foundation have you established (or how would you describe your qualifications) to successfully conduct a research project, e.g., literature research, lab skills, time management. Have you led an independent research project? Is this project a continuation of previous research? If yes, how does this project differ from original work?

2. What are three learning outcomes/goals that you seek to achieve and how will the research promote reaching these objectives?

   i.

   ii.

   iii.

Student Signature: Date:

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RECOMMENDATION FORM

REFERENCE INFORMATION

Name:

Title: Phone:

Email:

Faculty Signature: Date:

RECOMMENDATION

The student whose name appears above is applying for a research opportunity funded through the ICUNJ Undergraduate Research Symposium. Candidate selection process considers multiple factors. Your candid evaluation will help identify which students could benefit most from this experience. This form is provided for your convenience; however, any additional comments are welcome. *Please feel free to attach an additional page.*

1. How long and in what capacity have you known the applicant?

2. In selecting a candidate to conduct research, the Selection Committee would like to learn how this student's academic ability, personal characteristics and/or ability to make significant contributions to his/her future profession distinguishes them from other candidates.

Faculty Signature: Date:

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FACULTY SPONSOR INPUT

1. How is student participation in research documented and what support is available to maintain activities and keep research project on timeline? (For students requesting a stipend, a time sheet is required.)

2. As the faculty sponsor how will you support the student(s)'s research goals?

3. What learning outcomes/goals do you expect the research participant(s) to realize?

Faculty Signature: _____ Date: _____

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RESEARCH PROJECT BUDGET

BUDGET (Please provide a description of expense items.)

Line Item		Description	Item Cost	Totals
Equipment	Items purchased with funds received through an ICUNJ grant becomes the property of the ICUNJ member institution and disposition will be at the discretion of the institution's Academic Dean. Funds may be requested for specialized hardware or software additions to existing technology.		$	$
			$	
			$	
			$	
			$	
			$	
			$	
Supplies	Include general items required to conduct, record and report on the research project.		$	$
			$	
			$	
Travel	Includes mileage, airfare, meals and lodging. Travel expenses should be directly relevant to conducting research. *Conference attendance is not eligible for funding.*		$	$
			$	
			$	
			$	
Student Stipend (not to exceed 90% of total budget)	May be used for funding at minimum wage. Sponsoring faculty member(s) are responsible for providing verification of estimated hours needed to complete the project and record keeping of hours to be covered by stipend. *No student stipend is to be paid for work resulting in academic credit. Scholarship awards may offset stipend opportunity.*	Note calculation below. Total to right.	$	$
		_____ research hours @ $_____/hour		
Other	Indicate all other costs involved with the project.		$	$
			$	
			$	
TOTAL Project Budget				$
URS Funding Request (not to exceed $1000) Funds are distributed to member institutions for application directly to student account and/or distributed to sponsoring department for proper administration to cover research project expenses. *Research funds may be provided as part of a larger scholarship award.*				$

Student Signature: Date:

Faculty Name: Department:

Title:

Faculty Signature: Date: