Application for 2020 HWCOM Summer Research Fellowship Program

Name of Student: ___________________________  PantherID ______________________

Student’s Telephone: _____________________  Email of Student: __________________

Faculty Mentor: __________________________

Date Student to Begin Research: ___________  Estimated duration: ________________

Estimated Hours per week: ________________  Location of Research: __________________

Title of Project: __________________________________________________________________________

Description of Work to be performed: ____________________________________________________________

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APPROVALS

Faculty Mentor: ____________________________

Faculty Mentor Telephone _________________  Email: _________________________________

I will ensure that proper training, personal protective equipment and safety information is provided to the student before assignment of any task, that appropriate consideration has been given to security issues associated with this assignment, and that the student is supervised at all times in the laboratory.

Faculty Mentor Signature: ____________________________  Date: ____________________

DEPARTMENT APPROVAL

I have reviewed the application and authorize the student to work on the above referenced project.

Name of Department Chair: ____________________________

Signature: ____________________________  Date: ____________________