Application for 2024 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: _____