



**Application for 2022 HWCOC Summer Research Fellowship Program**

Name of Student: \_\_\_\_\_ Panther ID: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_