



ENRICHMENT PROGRAMS
OFFICE OF
UNDERGRADUATE RESEARCH

DEADLINE: 3/9/15

2015 FRONTIERS APPLICATION OUTLINE

This document outlines information that will be collected in the online Frontiers application. *Note that no abstract is required.* Your application must be submitted online through the link available on the Frontiers page of the OUR website: <http://ugradresearch.uconn.edu/frontiers-in-undergraduate-research/>

PRESENTER INFORMATION

Provide the following information about each undergraduate student author/presenter on the poster.

Student Name: _____ **Student Admin #:** _____

Email: _____ **Cell Phone Number:** _____

Major 1: _____ **Major 1 School/College:** _____ **Campus:** _____

Major 2: _____ **Major 2 School/College:** _____ **Expected Graduation Date:** _____

Consent for use of visual images: yes/no

Reason(s) this student is applying to present:

- | | |
|--|--|
| <input type="checkbox"/> Required (condition of OUR award) | <input type="checkbox"/> Required (condition of non-OUR award) |
| <input type="checkbox"/> Course requirement | <input type="checkbox"/> Departmental requirement |
| <input type="checkbox"/> Voluntary presentation | |

Designations that apply to this student:

- | | |
|--|--|
| <input type="checkbox"/> Holster Scholar | <input type="checkbox"/> McNair Scholar |
| <input type="checkbox"/> STEM Scholar | <input type="checkbox"/> University Scholar |
| <input type="checkbox"/> UConn IDEA Grant recipient | <input type="checkbox"/> Life Sciences Honors Thesis Award recipient |
| <input type="checkbox"/> OUR Research Supply Award recipient | <input type="checkbox"/> OUR Travel Award recipient |
| <input type="checkbox"/> RARE Award recipient | <input type="checkbox"/> SHARE Award recipient |
| <input type="checkbox"/> SURF Award recipient | <input type="checkbox"/> Translational Research intern |
| <input type="checkbox"/> UConn-Technology Incubator Program (TIP) intern | |

POSTER TITLE

Title: _____

RESEARCH ADVISOR INFORMATION

Provide the following information about your research advisor and any additional advisors for the poster (e.g., graduate student, post-doc, faculty member).

Advisor Name: _____

Email: _____

Title (e.g., Professor, Associate Professor, Assistant Professor): _____

Department: _____

School/College (if not at UConn, indicate institution or organization): _____