2017 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/

POSTER TITLE
Title: ____________________________________________

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:
☐ Required (condition of OUR award) ☐ Required (condition of non-OUR program or award)
☐ Course requirement ☐ Departmental requirement
☐ Voluntary presentation
Designations that apply to this student:
☐ Holster Scholar ☐ LSAMP Scholar
☐ McNair Scholar ☐ Rowe Scholar
☐ STEM Scholar ☐ University Scholar
Awards/Internships received by this student:
☐ UConn IDEA Grant recipient ☐ ISA Honors Award for International Studies recipient
☐ Life Sciences Honors Thesis Award recipient ☐ OUR Supply Award recipient
☐ OUR Travel Award recipient ☐ RARE Award recipient
☐ SHARE Award recipient ☐ SURF Award recipient
☐ Translational Research intern ☐ UConn-Technology Incubator Program (TIP) intern
☐ Work-Study Research Assistant

RESEARCH ADVISOR INFORMATION
Provide the following information about your faculty research advisor and any additional faculty/staff advisors for the poster. Due to space constraints, we cannot include the names of graduate students and post-doc students in the Frontiers program.
Advisor Name: __________________________

Email: ________________________________

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

Department: ______________________________________________________________________

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

ADDITIONAL INFORMATION
Please provide us with any additional information you think we might need. Note: Please let us know if you would be interested in a different presentation format than a poster. Provide as much detail as possible and we'll try to accommodate your request.