



ENRICHMENT PROGRAMS  
OFFICE OF  
UNDERGRADUATE RESEARCH

**DEADLINE: April 6, 2018**

## OUR TRAVEL AWARD 2017-18 APPLICATION OUTLINE

This document outlines information that will be collected in the online OUR Travel Award application. Your application must be submitted online through the OUR website: <http://ugradresearch.uconn.edu/travel-awards/>

### APPLICANT INFORMATION

Student Name: \_\_\_\_\_ Student Admin #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ G.P.A.: \_\_\_\_\_ UConn Campus: \_\_\_\_\_

Major 1: \_\_\_\_\_ Major 1 School/College: \_\_\_\_\_

Major 2: \_\_\_\_\_ Major 2 School/College: \_\_\_\_\_

### TRAVEL INFORMATION

This information is necessary for OUR to complete any required travel approval processes on your behalf **IF your application is approved**. Students engaging in **international travel** for academic purposes must register with UConn Global Affairs – Education Abroad in accordance with the [UConn Student International Travel Policy](#). Students will be automatically enrolled and covered by Cultural Insurance Services International (CISI) Health Insurance for the duration of their trips upon their completion of the UConn Education Abroad student travel registration form. [Learn more](#) about health insurance costs and the Education Abroad registration procedure.

**Which type of travel award are you applying for?** Travel to Present<sup>1</sup> or Travel to Conduct<sup>2</sup>

**Type of travel?** In-State, Out-of-State, International<sup>2</sup>

**Specific Travel Destination(s)**

**Will you be making multiple trips to the destination(s) listed above?**

**Departure date/Return date**

**Departure airport or station/Return airport or station (if trip involves air or train travel)**

<sup>1</sup> If Travel to Present is selected:

**Name of Conference**

**Location/Dates of Conference**

**Upload confirmation that your project has been accepted for presentation at this conference (PDF)**

<sup>2</sup> If Travel to Conduct and International Travel are selected:

**Upload the completed Supplemental International Travel Questions form**

## RESEARCH OR CREATIVE PROJECT

Project Title: \_\_\_\_\_

Briefly describe your project and your expected use of this award (maximum 4000 characters).

Faculty Advisor's Name: \_\_\_\_\_

Faculty Advisor's Email Address: \_\_\_\_\_

Faculty Advisor's Department: \_\_\_\_\_

Faculty Advisor's School/College: \_\_\_\_\_

## BUDGET INFORMATION

Please itemize the total budget for your travel expenses using the [Budget Worksheet](#) that is found on the **OUR Travel Award page of the OUR website**. While the maximum award is \$500, it is important for us to know the total cost of the project so we can assess the extent to which these awards are meeting student and faculty supervisor needs.

Total amount of funding requested: \_\_\_\_\_

Please upload the budget worksheet for your project. (PDF Format)

Please identify any other funding sources to which you have applied to support this research or creative project (e.g., Presidential Scholar enrichment funding, Rowe Scholar funding, departmental funding, etc.).

Please evaluate the importance of receiving OUR Travel Award funding to your ability to travel as described above.

- I could travel as described without OUR funding.
- I would have to modify my travel plans in the absence of OUR funding (e.g., reduce length of stay).
- I would not be able to travel without OUR funding.

Are there additional factors in your background or life experience that would help you benefit from this award program? Discuss social, economic, educational, or other obstacles, if appropriate.

## RESEARCH COMPLIANCE

Students are responsible for working with their faculty advisor and Research Compliance Services to ensure that their project has the approvals necessary to begin their research, and for submitting verification of this authorization to the Office of Undergraduate Research. Research approvals take time and require students to complete relevant training, so please plan accordingly.

You will be asked the following questions in the OUR Travel Award application. Not all questions may apply to you. For questions that do apply, please make note of the information and/or documentation you will need to provide.

Does your project involve research with human subjects? If "Yes," you will be asked the following questions:

- Do you have the necessary IRB approval for this project?

- If “Yes,” please upload a PDF copy of your IRB approval letter. Note: If you are a student researcher on a faculty project, please upload a PDF copy of the PI’s approval letter AND a PDF copy of the validated Appendix A listing you as a student researcher on the project.
- If “No,” please outline your plan and timeline for obtaining IRB approval.

**Does your project involve research with animal subjects? If “Yes,” you will be asked the following questions:**

- Do you have the necessary IACUC approval for this project?
- If “Yes,” please upload a PDF copy of your PI’s IACUC approval letter and a PDF copy of Appendix C (with approval dates).
- If “No,” please outline your plan and timeline for obtaining IACUC approval.

**Does your project involve the use of biological agents, toxins, and/or recombinant DNA (rDNA)? If “Yes,” you will be asked the following questions:**

- Have you completed the appropriate laboratory safety training (through Environmental Health and Safety) for this type of work?
- If “No,” please outline your plan and timeline for completing the training.
- Does this biological research involve the use of recombinant or synthetic nucleic acid molecules that are covered by the NIH Guidelines?
- If “Yes,” please upload a PDF copy of your Faculty Advisor’s IBC approval letter.

**Does your project involve the use of human embryonic stem cells and/or iPS cells? If “Yes,” you will be asked the following questions:**

- Do you have the necessary SCRO approval for this project?
- If “Yes,” please upload a PDF copy of the SCRO Amendment letter which approves your addition as a student researcher on your faculty advisor/PI’s project.
- If “No,” please outline your plan and timeline for obtaining the necessary SCRO approval.

## **ADMINISTRATIVE DATA & PERMISSIONS**

**Should your application be selected/approved for funding, please indicate when you intend to present at Frontiers:** Spring 2018 or Fall 2018 or Other

**How did you learn about this award program? Select all that apply.**

Website/Online search – Faculty/staff member or advisor – Posters/Other advertising – Friends – Facebook/Twitter – Other

**Permission to print transcript:** The Office of Undergraduate Research may include my unofficial transcript in my application.

**Permission to access student information:** The Office of Undergraduate Research may access information about me from StudentAdmin (ethnicity, first generation status, membership in groups such as Honors, receipt of scholarships such as Presidential Scholarships) and from Student Financial Aid Services (Expected Family Contribution). I understand that this information will be aggregated and used to assess how representative applicants for and recipients of OUR funding are of the overall undergraduate population. If my application is approved for funding, I understand that this information may also be used to match me to an appropriate funding source.

**Permission to include name in press releases and other publicity relating to this award program:** Yes or No

## **ACADEMIC INTEGRITY**

### **Statement of Academic Integrity**

By typing my name in the field below, I confirm that I have prepared all components of this application in accordance with University standards for academic integrity.