



ENRICHMENT PROGRAMS  
OFFICE OF  
UNDERGRADUATE RESEARCH

**DEADLINE: 10/8/18**

## 2018 FALL 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 Fall Frontiers page of the OUR website: <http://ugradresearch.uconn.edu/fall-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:

- |  |   |
|--|---|
| <input type="checkbox"/> Required (condition of OUR award/program) | <input type="checkbox"/> Required (condition of non-OUR program or 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"/> LSAMP Scholar      |
| <input type="checkbox"/> McNair Scholar  | <input type="checkbox"/> Rowe Scholar       |
| <input type="checkbox"/> STEM Scholar    | <input type="checkbox"/> University Scholar |

Awards/Internships received by this student:

- |   |  |
|---|--|
| <input type="checkbox"/> UConn IDEA Grant recipient                           | <input type="checkbox"/> OUR Travel Award recipient                        |
| <input type="checkbox"/> ISA Honors Award for International Studies recipient | <input type="checkbox"/> SHARE Award recipient                             |
| <input type="checkbox"/> Health Research Program participant                  | <input type="checkbox"/> SURF Award recipient                              |
| <input type="checkbox"/> OUR Supply Award recipient                           | <input type="checkbox"/> Work-Study Research Assistant Program participant |
|   | <input type="checkbox"/> UConn-TIP Innovation Fellow                       |

### 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.