# 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/](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.

<table>
<thead>
<tr>
<th>Student Name: ___________________________________________</th>
<th>Student Admin #: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: ___________________________________________________</td>
<td>Cell Phone Number: __________________</td>
</tr>
<tr>
<td>Major 1: _____________ Major 1 School/College: _____________</td>
<td>Campus: ____________________________</td>
</tr>
<tr>
<td>Major 2: _____________ Major 2 School/College: _____________</td>
<td>Expected Graduation Date: __________</td>
</tr>
</tbody>
</table>

Consent for use of visual images: yes/no

Reason(s) this student is applying to present:

- [ ] Required (condition of OUR award/program)
- [ ] 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
- [ ] OUR Travel Award recipient
- [ ] Health Research Program participant
- [ ] Work-Study Research Assistant Program participant
- [ ] SURF Award recipient
- [ ] 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.