2019 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:

☐ Health Research Program participant ☐ OUR Travel Award recipient

☐ UConn IDEA Grant recipient ☐ SHARE Award recipient

☐ ISA Award for International Studies recipient ☐ SURF Award recipient

☐ Work-Study Research Assistant Program ☐ UConn-Technology Incubation Program (TIP)

☐ OUR Supply Award recipient Fellow/Intern

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. Note that we are not able to guarantee access to an electrical outlet.