



ENRICHMENT PROGRAMS
OFFICE OF
UNDERGRADUATE RESEARCH

DEADLINE: 3/15/19

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*. You will be asked to indicate whether each additional *author is presenting* at Frontiers.

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

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): _____

SESSION AVAILABILITY

The Frontiers Poster Exhibition takes place over two days. The space constraints created by the conversion of the South Reading Room to a dedicated study space have required a change in format for Spring Frontiers this year. All Frontiers sessions will take place in the **North Reading Room** in the Wilbur Cross Building. In order to accommodate all students who wish to present their work, students will be limited to presenting in **one session**. The four sessions are as follows:

Session 1: Friday, April 12 from 2:00-3:30pm

Session 2: Friday, April 12 from 4:00-5:30pm

Session 3: Saturday, April 13 from 10:00-11:30am

Session 4: Saturday, April 13 from 12:00-1:30pm

Students will be asked to provide information on session availability and preference in the application. It is important that to note your complete availability for both days as we are limited by space constraints and may not be able to accommodate your first choice of presentation time.

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.