2019 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:
☐ 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 ☐ OUR Travel Award recipient
☐ ISA Honors Award for International Studies recipient ☐ SHARE Award recipient
☐ Health Research Program participant ☐ SURF Award recipient
☐ OUR Supply Award recipient ☐ Work-Study Research Assistant Program participant
☐ 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: ____________________________________________________________

University of Connecticut – Office of Undergraduate Research – ROWE 110 – (860) 486-7939 – our@uconn.edu
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.