



ENRICHMENT PROGRAMS
OFFICE OF
UNDERGRADUATE RESEARCH

DEADLINE: 10/14/19

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:

- | | |
|--|---|
| <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: _____

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.