Complete the form and fax to 1-1255 or scan and e-mail to careers.cst@temple.edu. Please fill out one Grant Application for each student hired as an undergraduate research intern.

Faculty Sponsor Information

Name __________________________________________ Signature __________________________ Date __________

Department/School ______________________________________

Project Title __________________________________________

Faculty Research Account ____________________________

Student Intern Information

Name __________________________________________ Signature __________________________ Date __________

9-digit TUID ____________  CST Major __________________________

Research Internship Course Information

Number of research credits __3__ __4 other__________________ Course Dept __________

Course # _________  Section # _______  CRN __________

Estimated number of hours per week __________

Required Approval Signatures

Faculty Department Chairperson

Name __________________________________________ Signature __________________________ Date __________

Faculty Advisor in CST Department

Name __________________________________________ Signature __________________________ Date __________

__________________________________________________

The following information will be completed by the Dean’s Office

CST Dean’s Office Approval

Name __________________________________________ Signature __________________________ Date __________

Date Received: _____________  Current Status: _______

# of Previous URP Semesters ______