

**2019 SCICU UNDERGRADUATE STUDENT/FACULTY RESEARCH APPLICATION**  
**BELLE W. BARUCH FOUNDATION PROPOSAL FOR RESEARCH AT HOBCAW BARONY**

**COMPLETE A SEPARATE APPLICATION FOR EACH STUDENT INVOLVED IN THE PROJECT**  
**and please read the Guidelines in advance—available at:**  
<https://www.furman.edu/undergraduate-research/>

TITLE OF PROJECT: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ PROJECT DATES: \_\_\_\_\_ / \_\_\_\_\_  
BEGIN CONCLUDE

**IF YOUR PROJECT IS FUNDED, PLEASE INDICATE YOUR SYMPOSIUM PRESENTATION PREFERENCE**  
**(CHECK ONE):** ORAL POSTER NO PREFERENCE

**STUDENT'S INFORMATION**

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

E-MAIL: \_\_\_\_\_

TOTAL CREDIT HOURS COMPLETED AT TIME OF PROPOSAL SUBMISSION: \_\_\_\_\_

MAJOR: \_\_\_\_\_ CUMULATIVE GPA: \_\_\_\_\_

CLASSIFICATION (CIRCLE ONE): FRESHMAN SOPHOMORE JUNIOR

\_\_\_\_\_  
SIGNATURE OF STUDENT / DATE

**FACULTY SPONSOR(S)**

NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

RANK: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF FACULTY SPONSOR / DATE

**ACADEMIC DEAN**

NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ACADEMIC DEAN / DATE

**(YOUR SIGNATURE INDICATES THAT THE RESEARCH UNDERTAKEN IN THIS PROJECT FULLY COMPLIES WITH YOUR INSTITUTION'S IRB & ANIMAL CARE POLICIES)**

**2019 SCICU UNDERGRADUATE STUDENT/FACULTY RESEARCH PROGRAM**

**FACULTY ENDORSEMENT/QUALIFICATIONS FORM**  
**(Approximately 500 characters per section)**

1. How will you document student hours spent on the project, work performed by the student(s), and report the information to SCICU?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How will you support the student(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What learning outcome(s)/goals do you expect your student(s) to achieve?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

4. Please list your qualifications to support the project and the student(s) involved.

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**FACULTY SIGNATURE**

**2019 SCICU UNDERGRADUATE STUDENT/FACULTY RESEARCH PROGRAM**

**STUDENT ACTIVITY/RESPONSIBILITY FORM**  
**(To be completed by the student/s involved in the research project.**  
**Approximately 500 characters per section)**

1. What are your qualifications to conduct the project?

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2. What learning outcome(s)/goals do you hope to achieve?

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**SIGNATURE OF STUDENT(S)**

**2019 SCICU STUDENT/FACULTY UNDERGRADUATE RESEARCH PROGRAM  
BUDGET JUSTIFICATION FORM**

**TOTAL BUDGET:**     \$ \_\_\_\_\_

**EQUIPMENT**             \$ \_\_\_\_\_ Equipment purchased with funds received through an SCICU grant becomes the property of the SCICU member institution and disposition will be at the discretion of the institution's Academic Dean. Funds may be requested for specialized hardware or software additions to existing computers.

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**SUPPLIES**             \$ \_\_\_\_\_

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**TRAVEL**             \$ \_\_\_\_\_ Includes mileage, air-fare, meals, and lodging while conducting research related to the SCICU funded project. Travel costs for student(s) to attend the SCICU Research Symposium or other professional conferences are not allowable expenses.

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**STUDENT STIPEND** \$ \_\_\_\_\_ Student stipends will be funded at \$8.00 an hour. No student stipend will be paid for work resulting in academic credit. Sponsoring faculty member(s) are responsible for providing justification for the estimated number of hours needed to complete the project and provide approximate dates for the span of time encompassing primary work involved in the project.

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**OTHER** \$ \_\_\_\_\_ Indicate all other costs involved in the project

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