|  |  |
| --- | --- |
| **Student Name** |  |
| **Academic Major** |  |
| **Minor(s) and/or Concentration(s)** |  |
| **Student Email** |  |
| **Student Phone #** |  |
| **Student Campus Box #** |  |
| **Student ID #** |  |
| **Cumulative GPA** |  |
| **Faculty Mentor** |  |
| **Project Title** |  |

Current Class Standing □ Freshman □ Sophomore □ Junior □ Senior\*

\*seniors are not eligible unless they are returning for the Fall semester

Do you anticipate needing *on-campus* housing? (no charge) □ Yes □ No

***I understand that Summer Scholars is a full effort and energy appointment and that participating in summer courses during the Summer Scholars program is not permitted. I understand that I am expected to work approximately 25-30 hours/week on this project with hours agreed by my faculty mentor. I will attend colloquia, submit final research papers and reflection papers on time, and participate in assessment efforts.***

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

(Student Applicant’s Signature) (Date)

***I understand that Summer Scholars involves a concerted mentoring effort. I will meet with my student researcher at least once a week, be available to him or her during the majority of the 8-12 week program period, and participate in assessment efforts.***

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(Faculty Mentor’s Signature) (Date)

Summer Scholars may choose to use their tuition waiver for one of the items below. Select the one you are choosing and indicate the course department and number below.

□ Research credit in the major

□ Honors Program credit,

□ Honors in the Major credit (usually 496). For Honors in the Major, you must submit the appropriate form (ask your department chair).

□ In place of an Intensive Learning May Term course (usually 477). If you plan to use the credit for Intensive Learning May-Term credit, you must apply to the Director of Intensive Learning by April 15 (form available on the IL website).

The signature of the Department Chair below signifies that the student's proposed project meets departmental requirements for the course credit chosen.

Course Department and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Department Chair's signature) (Date)