**Summer Experience Incentive Application   
Research, Scholarly, and Creative Projects**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RCID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Months in which the Research Work will Occur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How should the credit be recorded? (e.g. CHEM, 205, 0.5 unit, 2023S2 or CJUS, 406, 1 unit, 2023SE)  
  
 Discipline: \_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_\_\_\_\_ Units of Credit: \_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_

Project Title:

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

Read the separate Description document to be sure you understand what you are signing up for. Note especially that the final project is due no later than September 30. Final grade must be submitted to Registrar by September 30. All other Summer School Registrar Deadlines, such as drop/add, apply.

Signature indicates student has read and understood the separate program description document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Student Signature Date

Signature indicates that faculty member has read the separate program description document, the project description, and plan for final product. The faculty member agrees to supervise both the project & the required reflections.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervising Faculty Member Signature Date

Signature indicates the project and plan for final product meets or exceeds department guidelines for independent study/research **AND** that the student has requested the correct course number above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair Date

Submit to Mrs. Susan Rambo, Dean’s Office, 110 Admin Building no later than May 15. Attach a document including:

* Two or more learning outcomes that indicate how the student hopes to grow as a result of completing this project. (Consider, for example, growth in specific content knowledge, certain academic skills, refinement of post-graduation goals, etc.)
* The project’s description – purpose, scope, background, and methods (about 2-3 pages).
* A description of the final product(s) of this project: paper, artistic works, or similar including anticipated length.
* Preliminary plan for on- or off-campus presentation/showcasing.

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Director of Experiential Learning Date Assistant Vice President for Curriculum and Advising Date

Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Assistant Vice President for Academic Operations Date