

APPLICATION FOR RESEARCH EXPERIENCE FOR UNDERGRADUATES IN PHYSICS

Application Window: October 1-15 annually



Name: _____ Student ID # _____ Department: _____

Campus/Local Address: _____

Phone: _____ E-mail: _____ Undergraduate major _____

Project Title: _____

Cumulative grade point average (cum gpa) _____ UG Class Standing (circle): Sophomore, Junior, Senior

Amount Requested [maximum \$1000]: _____

I agree that the funds will be used for the purposes of the described project. If my plans change, I will notify my faculty sponsor and the physics department chair.

Student's Signature: _____

I have read the attached project description, endorse the project and agree that the budget is appropriate. I agree to be responsible for project oversight, purchase of supplies, and accounting of expenses. If plans change, I will notify the Department chair and return funding as appropriate.

Faculty Sponsor

Name: _____

Signature: _____

- Please attach a one-page description of the project (in your own words). Note that research involving human subjects requires Institutional Review Board (IRB) approval; please indicate if approval has been received or is in process.
- Please provide a one-page financial justification, listing all expenses.
- Materials should be submitted electronically to the Department of Physics
Email: physics+REU@uvm.edu