STUDENT INFORMATION

Name: ________________________________
Email: ____________________@rpi.edu    RIN: ________________________________
Major: ________________  Class (circle one):  Freshman  Sophomore  Junior  Senior

How many credit hours are you registered for in the semester you plan to work? (Circle one)

5 or less credit hours  6-11 credit hours  12 or more credit hours

Have you completed lab safety training? (circle one)  YES / NO  Date Completed: ______________________

All students participating in the URP program are required to complete lab safety training BEFORE beginning their research work. If the research will be conducted in a biological, chemical, or radiation laboratory, additional training may be required.

FACULTY RESEARCH SUPERVISOR INFORMATION

Name: ________________________________
Email: ____________________@rpi.edu    Department: ________________________________

PROJECT TITLE: ________________________________

Rate of Pay: $________/hour  Matching Amount (Max $500): $_________

Start Date: _____________        End Date: _____________

Fund: ___________  Org: ___________  Program: ___________  Activity: ___________  
(Leave blank if unknown)

RESEARCH PLAN: (To be completed by student)
A student written description of the planned research to be undertaken. Must include a description of the role of the student and the goal of the proposed research.

______________________________________________________________________________
This form is due no later than September 11th, the ADD deadline. Submit to SOAPS@rpi.edu

EXPECTATIONS AND OUTCOMES: (To be completed by faculty research supervisor)
Please describe your goals for the student, any additional comments.