

RABI SCHOLARS PROGRAM ACADEMIC YEAR RESEARCH PROPOSAL

Complete form and submit, along with a completed Fellowship Form and W-9 (or W-8 for international students), *no later than the drop deadline in any given semester.*

1. NAME:
2. Title of Research Project:
3. Research Proposal: a description of the work you will be undertaking and what questions you will seek to address; please include location of research, anticipated timeframe, definition of “What success means” for this project, and a succinct statement on why the research is important.

4. Please check if this is a continuation of previously approved research:

If yes, please note semester and year for which proposal was approved: *Fall* *Spring* Year: _____

5. Faculty mentor or research advisor must sign to confirm this research proposal has been reviewed.

Faculty Signature: _____

Name: _____

Email: _____

Institution: _____

Department: _____

6. Rabi Faculty Chair Signature: _____

Name: _____

Email: _____

Institution: _____

Department: _____

DELIVER COMPLETED APPLICATIONS TO JESSICA CUBAS IN 202 HAMILTON HALL.