

RABI SCHOLARS PROGRAM ACADEMIC YEAR RESEARCH PROPOSAL

Complete this form and the W-9 (or W-8 for international students), and deliver to Jessica Cubas in 202 Hamilton Hall, *no later than the drop deadline in any given semester.*

1. NAME: _____ UNI: _____
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:** Yes No
If yes, please note semester and year for which proposal was approved: *Fall* *Spring* *Summer* Year: _____

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

Faculty Signature: _____

Name: _____

Email: _____

Institution: _____

Department: _____

- TO BE COMPLETED BY THE OFFICE OF ACADEMIC PLANNING AND ADMINISTRATION -

Approved by: _____

Title: _____

Signature: _____

Date: _____