

CLEVELAND STATE UNIVERSITY
2024-2025 UNDERGRADUATE RESEARCH AWARD PROGRAM
Application Cover Page

PROJECT TITLE _____

STUDENT'S CSU ID _____

STUDENT'S EMAIL _____

	<u>COURSE NUMBER</u>	<u>CREDIT HOURS</u>
FALL 2024	_____	_____
SPRING 2025	_____	_____

REQUIRED SIGNATURES

I certify that activities described in the attached proposal will be conducted in accordance with the terms of the Undergraduate Research Award Program and other University regulations.

Student (print or type)

Student Signature

Date

Faculty Supervisor (print or type)

Faculty Signature

Date

Department Chair (print or type)

Department Chair Signature

Date