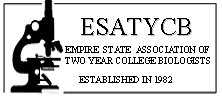
# Community College Undergraduate Research Colloquium (CCURC)



## Notice of Intent to Participate (*due Oct. 1st*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Participant Information | | | | | | | | | | | | | | | | | | | | | | |
| Student  Name: | | | |  | | | | | | | | | | |  | | | | | |  | |
| Last | | | | | | | | | | | | | | | First | | | | | | M.I. | |
| School Mailing Address: | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | Street Address | | | | | | | | | | | | | | | | | | Box/PO# | |
|  | | | | | |  | | | | | | | | | | | |  | | |  | |
|  | | | City | | | | | | | | | | | | | | | State | | | ZIP Code | |
| Phone Number: | | | | |  | | | | | | | e-mail address: | | | | |  | | | | | |
| Institution Name: | | | | | |  | | | | | | | | Degree Program: | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Faculty Sponsor Information | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Faculty Name: | | |  | | | | |  | | | |  | | Last | | | | | | | | First | | | | M.I. | | School Address: |  | | | | | | | | | | |  | |  | | Street Address | | | | | | | | | | Box/PO# | |  |  | | | | | | | | | |  |  | |  | | City | | | | | | | | | State | ZIP Code | | Phone Number: | | | |  | | e-mail address: | | | |  | | | | Institution Name: | | | | |  | | Department: | |  | | | |   The information below is provided as a guideline for you to consider while contemplating participation in this event. | | | | | | | | | | | | | | | | | | | | | | |
| Student Research Project | | | | | | | | | | | | | | | | | | | | | | |
|  | | Faculty have projects on which I can work | | | | | |  | I *will have* identified a project within the semester | | | | |  | | I **have** identified a project on which  I would like to work | | | | | | |
|  | | I have discussed with a faculty sponsor my intentions | | | | | |  | I understand the time out of class that must be devoted to the research project | | | | |  | | I understand I am accountable and responsible for the presentation of my research progress | | | | | | |
| Faculty Support | | | | | | | | | | | | | | | | | | | | | | |
|  | I have projects on which students may work | | | | | | |  | I have time to mentor students on their research | | | | |  | | I understand the research progress presented represents the sole effort of the student | | | | | | |
| By signing below, both student and sponsor acknowledge their earnest discussions on this joint venture and wish to receive additional CCURC communications. *Please note* [*abstracts*](CCURC%20Abstract%20Application.docx) *are due Dec 1st*. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |  | | | | | |  | | | |
| *Student* | | | | | | |  | | | *Date* |  | | *Faculty Sponsor* | | | | | |  | *Date* | |  |

**Mail or fax this form to:** CCURC, c/o J.R. Jacob, P.O. Box 139, 170 North Street, Dryden, NY 13053 FAX: 607.844.6518