#  Community College Undergraduate Research Colloquium (CCURC)


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

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| Student Participant Information |
| StudentName: |       |       |    |
|  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 |
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|  |  |  |  |
| --- | --- | --- | --- |
| 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 whichI 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