

**2010 NATIONAL CONFERENCE ON UNDERGRADUATE RESEARCH (NCUR) STUDENT
APPLICATION FOR TRAVEL ASSISTANCE**

Make sure you fill this form out completely as all the information is needed to process your application. Make sure you have a current e-mail and mailing address on the form.

Submit one copy of your abstract along with this form to [Penny Morton](mailto:pmorton@d.umn.edu) (pmorton@d.umn.edu) UROP Coordinator by Monday, November 2, 2009. Guidelines for the abstracts are available on the [NCUR web](http://www.umn.edu/ncur2010/) (<http://www.umn.edu/ncur2010/>).

You will be notified by the UROP Office by November 20 as to a funding decision. If you are granted funds for the conference, you will be sent instructions on how to submit your abstract directly to NCUR via the NCUR website. If you are applying for travel funds, do not register on the NCUR website until you have received approval and instructions from the UROP Office.

Please check to make sure that all information is complete and accurate

PLEASE TYPE

1. Personal Information

Name _____ College _____

Major _____ Student ID _____ Soc Sec # _____

Address _____

Phone _____ Fr ___ Soph ___ Jr ____ Sr ___ Male ___ Female ___

e-mail address _____ (We use this to contact you so please make sure it is accurate)

2. Is your proposed presentation the result of a UROP award? Yes No
If yes, please give project title, dates, and the name of your faculty sponsor.

3. Please explain in as much detail as you can in the space provided the specific educational benefit(s) you expect to receive from attending the conference.

4. If funded, the following information will be used in making travel arrangements.

a. Students will be required to share a double or triple room. Are there other students planning to attend with whom you would like to share a room?

5. TO BE COMPLETED BY THE FACULTY SPONSOR

This student has completed the work to be reported in a mature and ethical manner and will represent the University of Minnesota responsibly at the 2010 NCUR.

Faculty signature

Date

6. TO BE COMPLETED BY THE STUDENT

If funded, I agree to attend the complete conference and will represent the University of Minnesota responsibly.

Student signature

Date

7. TO BE COMPLETED BY THE COLLEGE UROP COORDINATOR

Recommended for central funding? Yes (Rank: _____) No

Coordinator signature

Telephone

Date

8. TO BE COMPLETED BY UROP OFFICE

Approved? Yes (Amount: \$ _____) Alternate No

Initials

Date