Student Information

Student Information

First Name:*

Last Name:*

Student ID:*
Please enter your 7-digit UMN student ID number

UMN Email:*
Please enter your UMN email address (ending in umn.edu)

Student Campus:*
Please select your University of Minnesota campus

Student College:*
Please select your college after selecting your campus

Student Major:*
Please select your major after selecting your campus and college

Earned Credits:*
Enter the number of credits you've completed toward your degree

GPA:*
Enter your overall GPA

Expected Graduation:*
Please select the semester of your expected graduation

Class Year:*
Please indicate your class year

Transfer status:*
Please indicate if you are a transfer student from outside the UMN system

Faculty Information

Faculty Information

Faculty Mentor Recommendation

Please enter your faculty mentor's UMN email. This is necessary to send your application to them for their review and recommendation, so please make sure to double-check it for accuracy.

Faculty Mentor UMN Email:*

Faculty Mentor First Name:*

Faculty Mentor Last Name:*

Faculty Mentor Campus:*

Please select your faculty mentor's campus

Faculty Mentor College:*

Please select your faculty mentor's college after selecting their campus

Faculty Mentor Department:*

Please select your faculty mentor's department after selecting their campus and college

Expense Information

Expense Information

Requested Expenses:*
Enter the dollar amount that you anticipate needing for research expenses, up to a limit of $300, for your proposed project

Itemized Expense Description:
Provide a brief description and anticipated costs of materials you anticipate needing for your research project. Please provide this information in a numbered list without additional commentary.
Example:
1. lab supplies (glassware), $200
2. lab supplies (chemicals), $100

Faculty Department Accountant Name:*
Ask your faculty member for the name of their department's accountant; this person will manage the expense funding for your project.

Faculty Department Accountant Email:*
Ask your faculty member for the email of their department's accountant (named in the question above); this person will manage the expense funding for your project.

Faculty Department Budget ID Number:
Ask your faculty member for their department's DeptID number. This is a five-digit number used by their accountant to process expense funding.

Research Background

Research Background

Previous Research Experience:*
Please indicate if you have previous research experience

Project Information

Project Information

Proposal Title:*
Please supply the title of your UROP project

Project Description:*
Please provide a brief description (no more than 300 words) of your proposed UROP project

Collaboration with Mentor:*
What is your specific plan for how you will interact with your faculty mentor (for example, regular face-to-face meetings, email, group meetings, etc.)?

Project Timeline:*
Your UROP project should encompass approximately 120 hours of work. Please provide an estimation of how you will spend that time. What are the major components of your project and approximately how much time will each take? For example:
-10 hours: development of interview questions
-30 hours: data collection through interviews
-50 hours: data cleaning, coding, and analysis
-30 hours: writing results as research report

References:*
Please list at least five references (literature citations) relevant to your proposed research or creative activity. You need to demonstrate that you are aware of related research in your area. These should also be included and cited in your proposal.

Special Features

Special Features

Some research projects involve special features such as non-human animal subjects, human participants, and controlled substances. The following questions ask for information about the relevancy (or not) of special features. Please respond to the best of your ability. You might need to consult your faculty mentor if you aren't sure of what your project will entail. OUR staff might contact you after your application has been reviewed to clarify this section.

Non-Human Animal Subjects:*

Indicate if your proposed project uses non-human animal subjects

> If yes to the above question, please indicate if your project has been approved by the Institutional Animal Care and Use Committee (IACUC). If so, list the protocol number and approval date. If not, please indicate where you are in the IACUC review process.

Human Participants:*

Indicate if your proposed project uses human participants of any kind (including interviews, observation, questionnaires, etc.)

> If yes to the above question, please indicate if your project has been approved by the Institutional Review Board (IRB). If so, list the protocol number and approval date. If not, please indicate where you are in the IRB review process.

Recombinant DNA, Biological Toxins, or Infectious Agents:*

Indicate if your proposed project uses recombinant DNA, biological toxins or infectious agents

Ionizing Radiation:*

Indicate if your proposed project uses ionizing radiation

Research or Travel Outside U.S.:*

Indicate if your proposed project includes research or travel outside the United States

Directed Research:*

Indicate if you plan to register for a directed research/directed study/honors thesis credits at the same time as your UROP project

> If yes to the above question, please describe the directed research project and list the dates and the name of your faculty mentor for the directed research project. You can do a directed research at the same time as a UROP project, as long as the projects for each are distinct and you have different faculty mentors for each project.

Timeline

Timeline

Expected Start Date:*
Your project cannot begin before you receive your award letter (approximately 3-4 weeks after you apply)

Expected End Date:*
Your project cannot end after the last day of the month prior to your expected graduation

Proposal Upload

Proposal Upload

Proposal:*

Please upload your PDF GIA UROP proposal here using the title "LastName GIA UROP ApplicationRound."

Certification of Completion:*

Checking this box means that you certify that the information you entered in this application is complete and correct. If you'd like to download a copy of your application, click on the "PDF" button at the top righthand corner of your screen. After you click "Submit," your application will be routed to your faculty mentor and you will not be able to make changes to it.

Faculty Mentor Recommendation

After you submit your application, it will be sent to your faculty mentor for their recommendation

Faculty Mentor Recommendation

Faculty mentor first name:*

Faculty mentor last name:*

UMN Email:*

Student name:*
Please select your University of Minnesota campus

Rate (1-5) the usefulness of the proposed research or creative activity in advancing/enhancing the student’s academic achievement.*

Rate (1-5) the broader impacts of the student's proposed research or creative activity.*

Rate (1-5) the intellectual merit of the student’s proposed research or creative activity.*

Rate (1-5) the likelihood of the student’s successful completion of the proposed research or creative activity.*

Provide additional comments on the student and project (required).*
You can include context on your prior knowledge of the student and their abilities and your willingness to fully mentor the student through the project. We most often receive several sentences about the faculty member's enthusiasm for the project and working with the student.