

# Undergraduate Student Research Program

## Cover Page



Date: \_\_\_\_\_  
*mm/dd/yyyy*

### Research Information

Proposed Research Topic Title  
*(Please be concise)*

### Student Information

Student First Name:

Student Last Name:

Student Major Department:

Student Major:

Student Email:

Campus Address: Building Room No. Zip + 4

Mailing Address: Address City State Zip

Student ID Number:

Student Phone Number:  
*(xxx) xxx-xxxx*

### Faculty Mentor Information

Faculty First Name:

Faculty Last Name:

Faculty email:

Faculty Home Department:

To search for faculty emails, visit <http://directory.unl.edu/>

*Funds will be transferred to the Department listed here.*

Faculty Mentor Signature

Date:  
*mm/dd/yyyy*

*Combine cover page with proposal PDF*

Contact [ordgrants@unl.edu](mailto:ordgrants@unl.edu) if any questions on filling out form