

2010 SUMMER UNDERGRADUATE RESEARCH PROGRAM

RESEARCH ASSISTANT APPLICATION COVER SHEET For FACULTY

PROFESSOR'S NAME: _____ DEPARTMENT: _____

STUDENT RESEARCH APPLICANT'S INFORMATION

STUDENT'S NAME: _____ Class Year _____

MAJOR _____ Number of Weeks Requested: _____

PROPOSED STUDENT EMPLOYMENT START DATE _____

PROPOSED STUDENT EMPLOYMENT END DATE _____

STUDENT'S SIGNATURE _____

(I hereby authorize the release of official transcript to the Pomona College Faculty Research Committee.)

One sentence summary of the faculty member's project for undergraduate research assistant funding
(255 characters or less):

HARD COPY OF PROPOSAL MUST BE RECEIVED BY FEBRUARY 11, 2010

SEND TO: ASSOCIATE DEAN CYNTHIA SELASSIE, ALEXANDER HALL, ROOM 226