**Student Application For**

**Opportunities for Undergraduate Research in CLA**

**(OURCLA) Fellowship**

**Check desired award length: \_\_\_\_\_\_ 1 semester**

**\_\_\_\_\_\_ 2 semesters**

**\_\_\_\_\_\_ Full year**

**Check desired award starting term: \_\_\_\_\_\_ Fall (due by August 1)**

**\_\_\_\_\_\_ Spring (due by November 1)**

**\_\_\_\_\_\_ Summer (due by March 1)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

Local

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street Apt. No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AU E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Home Cell

Present Status – Please check correct level

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freshman Sophomore Junior Senior Anticipated Graduation Date

What is your Major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Cumulative G.P.A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current G.P.A. in Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many semesters have you been enrolled at Auburn University? \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in the Honors College? \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Yes No

Please identify the faculty member you are interested in working with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Department e-mail address

USE ONLY the space below to state how your research proposal relates to your interest in research and your long term career goals.

USE ONLY the space below to list the honors, awards and pertinent activities (high school, college, civics, etc.) that best reflect your achievements.

USE ONLY the space below to describe your research question and research plan.

I hereby certify that the information found on this application is correct and I authorize the release of this information to the CLA Scholarship Selection Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this application form and the faculty application to:

College of Liberal Arts

OURCLA Grant Committee

Associate Dean of Academic Affairs

331 Tichenor Hall

Auburn, AL 36849-5223