

COLLEGE OF CREATIVE STUDIES | Summer Undergraduate Research Fellowship
APPLICATION DEADLINE: Apr 3, 2017 (submit to Julia Diamond, CCS Bldg. 494, rm 104)

Full Name: _____ Perm No.: _____

Email: _____ Phone: _____

Address: _____ City, State, Zip: _____

Major(s): _____ CCS Faculty Advisor: _____

Expected Graduation Date: _____ Current GPA: _____

Spring Course Enrollment: _____

UCSB Employment - are you now, or have you previously been employed by UCSB? Yes No

If yes, please indicate the most recent department and quarter: _____

No. of weeks, up to 12, you can dedicate to SURF this summer: _____ Approx. dates: _____

Previous research/laboratory experience (if any):

Previous awards, scholarships or distinctions:

Career goals:

Role that participating in research would play in your educational & career goals:

Area(s) of research that interest(s) you:

Please describe your proposed SURF project, and identify the project's Research Director.

Additional comments or special considerations:

Are you applying to other summer programs? If so, which ones?

Are you applying for any other summer funding sources? If so, which ones (include grants, stipends, fellowships, support from project advisor):

Name two or more faculty (one of which may be a laboratory TA) familiar with your abilities that you asked to write letters of recommendation. One letter must be from the Research Director who will oversee your work.

Research Director

➔	Name: _____	Department: _____
	Name: _____	Department: _____
	Name: _____	Department: _____

It is the applicant's responsibility to ensure the following box is completed by the Research Director prior to submission.

-- TO BE COMPLETED BY RESEARCH DIRECTOR --

Research Director Full Name: _____ Department: _____

Research Director Email: _____

- 1) I have read the completed application & I agree to serve as the advisor for this SURF Project.
- 2) There usually is not enough CCS funding to bring the summer stipend up to the amount of many other programs. Is there additional funding available for a supplemental stipend for the student's project?

- Yes, amount: \$ _____
- No

Comments:

Research Director Signature _____
Date

I, the applicant, verify that I have personally completed this application, and am sincerely interested in this research opportunity. I acknowledge that the research work is expected to be full-time and not overlap with any other work, internships or fellowships.

Applicant Signature _____
Date