



College of Creative Studies
Summer Undergraduate Research Fellowship Application
2023

CCS Student Applicant Information

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|-----------------|--|------------------|--|
| Student Name: | | Email: | |
| Student Perm: | | Pronouns: | |
| Major 1: | | Major 2: | |
| Current UC GPA: | | Graduation (QYY) | |
| Major GPA: | | | |

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|--|
| Spring Course Enrollment |
| |
| UCSB Employment: Are you now, or have you been previously employed by UCSB? If Yes, please indicate the most recent employing department and quarter: |
| |

A copy of your transcript may be released to the CCS program committee as they review applications.

Project Information

Which CCS major is your project related to: |

Work is expected to be immersive and full-time (a minimum of 40 hours/week) for 10 weeks and not to overlap in time with any other work, internships, classes or fellowships. You should talk with your Project Director and your CCS Faculty Advisor about this. Project dates should fall between June 18th to September 23rd.

| | |
|-------------------|------------------------|
| Project Duration: | Approx. Project Dates: |
|-------------------|------------------------|

The Project Proposal is a one-page document written by the applicant in consultation *with the Faculty Director* with a detailed description of the proposed project, which must address each of the following items:

- (1) brief background and significance of the project
- (2) rationale and general approach to the proposed project
- (3) predicted outcomes or goals.

Please attach your SURF project proposal to this application by uploading it here:

Your proposal will automatically attach to the end of this application form.

SURF Applicant:



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| Previous research, laboratory experience, or creative activity: |
| |
| Previous awards, scholarships, or distinctions: |
| |
| Career Goals: |
| |
| Role that participating in a SURF experience would play in your educational & career goals: |
| |

I, _____, verify that I have personally completed this application, and am sincerely interested in this opportunity. I acknowledge that I have read and agree to the information and requirements on <https://ccs.ucsb.edu/student-life/summer>.

I understand that I am responsible for the on-time submission of all application components. This means that I will have given reasonable advanced notice to my faculty director and CCS advisor to consult about my project proposal and the opportunity to review my application. I understand that late or incomplete application packets will NOT be considered.

I understand that if anything changes concerning this proposal, especially concerning my ability to complete my project, I will update CCS as soon as possible via create@ccs.ucsb.edu.

Student Signature | _____ | Date | _____

SURF Applicant:



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Faculty Project Director Support Form

| | | | |
|------------------------------|--|-------------------------|--|
| SURF Project Director Name: | | Project Director Email: | |
| Project Director Department: | | | |

Do you support _____'s Summer Undergraduate Research Fellowship application for Summer 2023 as outlined in the attached proposal below?

This page is shared with the student to confirm the completion of their application materials. If you would like to submit any private statements regarding this project proposal for the committee to consider when awarding funding, you may [submit a separate statement online](https://bit.ly/surf-faculty) at <https://bit.ly/surf-faculty>.

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|---|
| Please explain with details your history, knowledge, and experience with _____: |
| |
| Is there anything else you want the CCS Summer Fellowship Advisory Committee to know about this student's academic progress or their application? |
| |

I understand that if anything changes concerning this proposal, especially concerning _____'s ability to access campus resources, I will update CCS as soon as possible via create@ccs.ucsb.edu.

| | |
|----------------------------|------|
| Project Director Signature | Date |
|----------------------------|------|

SURF Applicant:



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CCS Faculty Advisor Support Form

CCS Faculty
 Advisor Name: |

Faculty Advisor
 Email: |

Do you support _____'s Summer Undergraduate Research Fellowship application for Summer 2023 as outlined in the attached proposal below?

This page is shared with the student to confirm the completion of their application materials. If you would like to submit any private statements regarding this project proposal for the committee to consider when awarding funding, you may [submit a separate statement online](https://bit.ly/surf-faculty) at <https://bit.ly/surf-faculty>.

Is _____ on track academically to undertake a CCS Summer Undergraduate Research Fellowship Project? Please explain.

In your opinion, is this the right time for this student to undertake a CCS Summer Undergraduate Research Fellowship? Please explain.

I understand that if anything changes concerning this proposal or _____'s academic progress, I will update CCS as soon as possible via create@ccs.ucsb.edu.

CCS Faculty
 Advisor Signature |

Date |

SURF Applicant: