**Application**

**RESEARCH DAY**

**WEST CHESTER UNIVERSITY**

THURSDAY, NOVEMBER 8, 2018

SYKES STUDENT UNION

10:00AM – 3:00PM

**ABSTRACT SUBMISSION FORM**

Submit abstracts no later than Tuesday, October 5, 2018 to [**studentresearch@wcupa.edu**](mailto:studentresearch@wcupa.edu).

**INSTRUCTIONS:**Please complete **ALL** sections. Incomplete forms will **NOT** be considered.

|  |
| --- |
| 1. Presenter Name(s) (Last, First): |
| 1. Point of Contact (Last, First): |
| 1. Department: |
| 1. E-mail: |
| 1. Presenter is: Faculty\_\_\_\_ Student\_\_\_\_ Administrator\_\_\_\_   (If Student: please fill out #’s 5-7 below with faculty mentor’s information) |
| 1. Faculty Mentor’s Name (Last, First): |
| 1. Faculty Mentor’s Department: |
| 1. Faculty Mentor’s Email: |
| 1. Requested Presentation Format (choose only one):   Oral presentation \_\_\_\_ Poster presentation \_\_\_\_  Performance\_\_\_\_\_ Work of Art \_\_\_\_\_ |
| 1. Title: |
| Authors grant WCU permission to distribute abstracts, photographs, or excerpts of their presentations before and after the event. Please indicate otherwise. |

**ABSTRACT:** Enter a brief abstract of the presentation, performance, or work of art. The abstract usually includes the purpose/vision, methods/design thinking, outcomes/implications. **The abstract may not exceed 250 words**, and the faculty mentor MUST review students’ abstracts prior to submission. The abstract will be included in the Research Day & Creative Activity abstract book as is and will not be edited.

**COMPLIANCE:**

1. Responsible Conduct of Research (RCR): Federal Government agencies and West Chester University require training in the RCR for undergraduate students. Please indicate that you have completed the free, online CITI training module for RCR, if appropriate, (<https://about.citiprogram.org/en/homepage/>) and Attach your certificate of completion.

I have completed CITI training for RCR in the appropriate field 🞏

***Please attach certificate to your abstract submission.***

1. My research or creative activity involves these other areas related to compliance:

🞏 Use of Human Subjects 🞏 Use and Care of Animals

🞏 Risk Assessment/Public Health 🞏 Clinical Practice

🞏 Use of Controlled Substances 🞏 Use of Biohazards

🞏 Use of Hazardous Chemicals 🞏 Use of Lasers or Radiation

1. I have had the appropriate training and have the appropriate CITI certificate or mentor verification related to this training:

🞏 Use of Human Subjects (CITI) 🞏 Use and Care of Animals (CITI)

🞏 Risk Assessment/Public Health (CITI) 🞏 Clinical Practice (CITI)

🞏 Use of Controlled Substances 🞏 Use of Biohazards

🞏 Use of Hazardous Chemicals 🞏 Use of Lasers or Radiation

***Please attach appropriate CITI Certificate or mentor verification of training.***