**SURI STUDENT APPLICATION FORM (to be filled out and submitted by the student).**

**I. STUDENT PROFILE**

Preferred First Name

Last Name

Gender: 🞏 Male 🞏 Female 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns: 🞏 He/him/his 🞏 She/her/hers 🞏 They/them/theirs 🞏 Other \_\_\_\_\_\_\_

Email Address:

Citizenship: 🞏 United Sates 🞏 International (F1 Visa)

Major:

GPA:

**II. MENTOR INFORMATION**

First Name:

Last Name:

Email Address:

Department:

College or School:

🞏Arts & Humanities 🞏 Business & Management 🞏 Education & Social Work

🞏 Health Sciences 🞏 Sciences & Mathematics 🞏 University

🞏Music 🞏 Honors

**III. STUDENT ELIGIBILITY**

What is your class as of Spring 2022? 🞏 freshman 🞏 sophomore

🞏 junior 🞏 senior

When are you planning to graduate?

🞏 May 2022 🞏 August 2022 🞏 after August 2022

Are you available to work for 37.5 hours/week during the 5-week SURI period?

🞏 Yes 🞏 No

**IV. COMPLIANCE**

1. **Student Community Agreement:** 🞏 I confirm that my faculty mentor has directed me to the current [Student Community Agreement and Student Code of Conduct](https://www.wcupa.edu/healthNotices/studentCommunityAgreements.aspx) and that I have read and reviewed this document. I further acknowledge that my SURI-related research or creative activity will be aligned with the *Student Community Agreement*.
2. **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 (<https://about.citiprogram.org/en/homepage/>) and attach your certificate of completion.

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

1. **Other Forms of Research that Require Training:**
2. My research or creative activity involves these other areas related to compliance:

🞏 NONE 🞏 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. If you checked any box in 3.A. above except for NONE please check the appropriate certification box and attach your CITI certificate:

I have had the appropriate training and have the appropriate CITI certificate or mentor verification related to 3.A. above:

🞏 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

Upload appropriate CITI Certificate or mentor verification of training.

**V. RESEARCH or CREATIVE ACTIVITY DESCRIPTION**

Category:

🞏 Clinical Work 🞏 Literary Work 🞏 Field Work 🞏 Laboratory Work

🞏 Performance Arts 🞏 Visual Arts 🞏 Qualitative or Quantitative Work

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title:

Collaborator(s):

🞏 I plan to work remotely -OR-

🞏 I plan to work in-person, on campus or at another site:

Building Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstract (150 words or less):

Background and Significance (500 words or less):

Methodology (500 words or less):

Potential Outcomes and Implications (500 words or less):

Academic and Career Goals related to this project (500 words or less):