**UNDERGRADUATE SUMMER INTERNSHIPS**

**FACULTY MENTOR INFORMATION:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT/COLLEGE ADMIN SPECIALIST NAME AND EMAIL:

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

**STUDENT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Office of Research compliance** |
|  |  | Has the faculty mentor already identified the student? |
|  |  | If the student has been identified:  Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student University Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status (fresh, soph, jun, sen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Mentors do not need to identify a specific student for the internship prior to submission. However, students who are identified in the proposal and have financial need, as defined by Pell eligibility, will received priority for funding. If a student is identified and cannot do the internship, the award is not transferrable to another student.***

**IRB AND IACUC APPROVAL:**

To ensure the University's compliance with all federal regulations, complete the checklist below. If you do not use human subjects/animal species, check “No”. Note: if your IRB/IACUC is not approved prior to submission, put “pending” or “to be submitted” instead of the approval number. Note: funding will be withheld until IRB/IACUC notification of approval or exemption.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Office of Research compliance** | **Policy #** |
|  |  | Human Subjects in Research (including surveys, interviews, educational interventions):  Institutional Review Board (IRB) Approval #:  Expiration Date: | 19.052 |
|  |  | Animal Species: Institutional Animal Care & Use Committee (IACUC) Approval #: Expiration Date: | 19.049 |

***The mentor and chair/director certify that funding will be used to allow additional students to participate in research and creative projects and is not being used as replacement funding.***

*If you have access to funding, state why this request is not a duplication (<100 words; describe in space below):*

Mentor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature (if mentor is postdoctoral fellow): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Dept. Chair’s/director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_