STUDENT RESEARCH - PROPOSAL APPLICATION FORM

DELAWARE VALLEY UNIVERSITY

Student Information - Please print carefully

Name ___________________________ ID Number ___________________________
DVU Email ___________________________ Personal Email ___________________________
Cell Phone ___________________________ Major/Minor ___________________________
Advisor ___________________________ Academic Standing Year ___________________________
Graduation Year ___________________________ Cumulative GPA ___________________________

Term (semester and year) participating ___________________________________________________________

Research Project Information:

Proposal Title __________________________________________________________

☐ 1 Credit - Minimum of 45 hours of experience within semester
☐ 2 Credits - Minimum of 90 hours of experience within semester
☐ 3 Credits - Minimum of 135 hours of experience within semester

Is this project a continuation of a previous project? If yes, please state why you are continuing the project.

☐ Yes __________________________________________________________
☐ No __________________________________________________________

Please Attach Proposal Summary on additional sheet of paper outlining:

• Proposed Project
• Project Timeline
• Budget
• Funding Requests
• References

Are you seeking Experience360 Program (E360) credit? ☐ Y ☐ N
If yes, once approved, your proposal will be forwarded to the Center for Student Professional Development for ExL credit to fulfill a graduation requirement or for DelVal Experience Transcript recognition.

Student Signature __________________________________________ Date __________

*Student signature verifies agreement to Student Research Policies and Guidelines

Signatures of Approval:

Faculty Mentor __________________________________________ Date __________
Mentor’s Department Chair __________________________________________ Date __________
Student’s Department Chair __________________________________________ Date __________

If undeclared, please see Dr. Ben Rusiloski, Executive Director of Center for Student Professional Development in Laster Hall, 1st floor for signature.

IACUC/IRB approval:
If the project involves the use of animals, please contact Becky Hughes for Institutional Animal Care and Use Committee (IACUC) approval. If the project involves human subjects, please contact Tanya Casas for Institutional Review Board (IRB)

Approved ☐ Not Approved ☐ IACUC/IRB Representative initials: __________________ Date: __________

Research Committee Approval:
Submit to Research Coordinator - Dr. Cynthia Keler -
Electronic and hard-copy to Cynthia.Keler@delval.edu; mailbox: Mandell 113; office: Mandell 224
Approved ☐ Not Approved ☐ on behalf of Research Committee

Signature __________________________________________ Date __________

Form edited 9.4.15