

Student Research Endorsement

Name: _____

Date: _____

NU Box #: _____

Phone: _____

Division: _____

Department: _____

Email: _____

Proposal Abstract

Endorsements

Faculty Sponsor:

Date

Signature

Dept. Chair/Program Director:

Date

Signature

School Student Research Committee Member signature _____

Attach proposal and send to:

Director of Student Research, Office of Academic Research