**THE R.J. McELROY STUDENT/FACULTY RESEARCH PROGRAM**

**Deadline: March 18th, 2016**

Title of Research Project

College/University

Department

**STUDENT’S PERSONAL DATA**

Name

Permanent Address

School Mailing Address

E-mail Address

Grade Level (Junior or Senior) GPA Major GPA

Hours completed at time of proposal submission

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY SPONSOR**

Name

Department Rank

E-mail Address Phone

Signature of Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC DEAN**

Name Dr. Brian Ernsting

Phone 319 352-8284

Signature of Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_