UCF Office of Research & Commercialization
Undergraduate Research Initiative

Application Form

PI Information

Name: _____
Department: _____
Email: _____

Match Information

Account Number: _____
Account Title: _____
_____

Student Information

Name: _____
Student ID#: _____
Email: _____
Status: _____
College: _____
Major: _____

Funding Requested

Semester(s): Fall ☐ Spring ☐ Summer ☐
Effective Dates: _____

Brief description of the undergraduate student participation in the research project:

_____
_____
_____
_____
_____
_____

Please attach student PAF or SARF to this form for processing and submit to:

Dr. Thomas O'Neal, Associate Vice President for Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, FL 32826-3246

Date Submitted: _____

Date Approved: _____ Approved by: _____

Note: This Office of Research & Commercialization must be notified immediately if the student identified with this project leaves the program. Funds in this program can only be used to pay student salaries.