Completion of this form is required to verify that the student named below will be completing an undergraduate research apprenticeship in your department during the summer 2020. The Undergraduate Research Office requires that this form be on file before the student begins the apprenticeship.

Please complete this form and return it to Jen Weidenhof, Program Coordinator, via email at jweidenh@andrew.cmu.edu or campus mail to Cyert Hall A64. If you have any questions regarding this form, please contact Jen at 412-268-2637.

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Student Last Name: __________________________________________  Student First Name: __________________________________________

Andrew ID: ___________________  Major: __________________________________________  Year in School: __________________________

Supervisor Last Name: __________________________________________  Supervisor First Name: __________________________________________

College: __________________________________________  Department: __________________________________________

Email Address: __________________________________________  Office Phone: __________________________________________

Project Description:

Project Description

Hours per week: __________  Start Date: __________  End Date: __________  # units: __________

Supervisor Signature: __________________________________________  Date: __________

Student Signature: __________________________________________  Date: __________

Application Deadline: June 1, 2020