

# 2016-2017

## Linder Family Undergraduate Research Fellowship Department of Biochemistry, Biophysics and Molecular Biology

### APPLICATION CHECK-LIST

Today's date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

- I am a full-time biochemistry, biophysics or agricultural biochemistry undergraduate student enrolled in at least 12 hours of classes.
- I have a minimum cumulative ISU GPA of 3.0.
- My research proposal for this Fellowship is **not** part of any class project/assignment.
- I have included two letters of recommendation.
- I have included a **CURRENT RESUME (1 page) to include academic status and expected graduation date (semester/year)**, and added special qualifications relevant to my proposed project.
- I have included my **RESEARCH PROPOSAL<sup>1</sup> (<3 pages including figures, notes, and references), consisting of the following, clearly labeled parts:**
  - Descriptive title
  - Thesis statement
  - Problem/hypothesis
  - Methodology
  - Expected outcomes of the project
  - Why a Fellowship is necessary for the success of the project
  - Overview statement provided by the faculty mentor
- I understand that applications will be evaluated on the basis of my proposal.
- I understand the terms and expectations of accepting a Linder Fellowship.

<sup>1</sup> A useful Research Proposal Writing Guide can be found at:

[http://www2.smumn.edu/deptpages/~tcwritingcenter/Forms\\_of\\_Writing/ResearchProposal.htm](http://www2.smumn.edu/deptpages/~tcwritingcenter/Forms_of_Writing/ResearchProposal.htm)

The information provided in this application is correct to the best of my knowledge. I have read and understand ISU's policy on plagiarism and the expectations as a Linder Fellowship recipient.

SIGNATURE OF APPLICANT AND DATE: \_\_\_\_\_

By signing, I agree to supervise and mentor this student if an Undergraduate Research Fellowship is awarded. I further certify that this project requires protocol confirmation by the Office of Research Support as indicated below:

\*IACUC (this project uses vertebrate animal subjects): YES /NO

\*IBC (this project uses biohazardous material): YES/ NO

\*IRB (this project uses human subjects): YES/NO

\* If "yes" to any of the three questions, the proposed research cannot begin until institutional approval is granted!

SIGNATURE OF FACULTY MENTOR AND DATE: \_\_\_\_\_