



## Summer Research Program Faculty Advisor Approval Form

### Student Researcher

Name:

Email Address:

Research Project Title:

### Faculty Research Advisor

Name:

*I have read and approved the research project proposal for this Summer Research Program project. I agree to provide research facilities for the project and will commit the necessary supervisory time, including ensuring submission of the student's required final report. Sign below.*

Signature:

Date:

**PLEASE NOTE:** This approval form must be submitted with the Summer Research Program application to be considered for the Summer Research Program.