



# UROP Academic Year Application Form

Dear UROP Applicant,

As you prepare your application for funding from the Undergraduate Research Opportunities Program (UROP), **please read these instructions carefully**. For more information on funding, eligibility, and any restrictions, please consult our website [here](#).

**Only online submissions of applications will be accepted. Students can submit only one application per semester.** If you submit more than one application, the UROP office has the right to refuse to evaluate any of your application submissions for that semester.

A completed UROP application consists of this online application form and a letter of recommendation form completed by your BU faculty mentor. **An online submission of your application is due by 12:00PM (noon) on the day of the deadline. Your faculty mentor must complete an online recommendation form by 11:59PM on the day of the deadline.** Please discuss time commitment, award type, and expectations with your mentor prior to submitting your application. If there are any time or award request discrepancies between you and your mentor, we will consider you for the lowest requested amount.

Upon submitting this application, your mentor will receive a prompt to submit your letter of recommendation along with a copy of your application. With that said, **it is your responsibility to ensure your faculty mentor completes the letter of recommendation form.** If your mentor is looking to submit their letter of recommendation, direct them to the "for mentors" page on the UROP website, where they will log in with their Kerberos information and complete the form.

Keep your responses within the word limit of each field; you may not continue your responses in the Appendix.

If you have any questions or encounter difficulties, it is your responsibility to contact the UROP Office at [urop@bu.edu](mailto:urop@bu.edu) or call 617-353-2020.

# Statistical Data Collection

Providing information on this page is strictly voluntary, and this page will not be included when your application is sent to reviewers. Data are collected solely for statistical purposes for reporting to agencies that request such information (including granting agencies that supply funding to UROP) and for evaluating our program. The data will not be used during the evaluation or award process.

## Are you a person of Hispanic, Latinx, or Spanish origin?

Yes, I am a person of Hispanic, Latinx, or Spanish origin.

No, I am not a person of Hispanic, Latinx, or Spanish origin.

## Please select your race (select all that apply):

Asian

Black or African-American

Native Hawaiian or Pacific Islander

American Indian or Alaskan Native

Caucasian/White

Two or more races

## Please select your immigration status:

US Citizen

US Permanent Resident ("Green Card")

Foreign National/International Student

**Are you a first-generation college student? Boston University defines a first-generation college student as a college student within the first generation of their families to go to college (i.e. students whose parents did not earn bachelor's degrees, although elder siblings and cousins may be attending college already or have earned four-year degrees).**

Yes, I am a first-generation college student.

No, I am not a first-generation college student.

## Please select your gender:

Male

Female

## Please enter your GPA:

## How did you hear about UROP? (check all that apply)

From my mentor

From another professor

From a non-UROP staff member

Through a BU website

Listened to UROP staff speak to a student group/class

From a Classmate/Friend

# Applicant Information

Preferred First Name \*

Last Name \*

Pronouns \*

BU ID Number \*

BU E-mail Address \*

College \*

Major \*

Year at BU (during AY22/23) \*

The month and year you will receive your bachelor's degree \*

Are you a Kilachand Honors College student? \*

Yes

No

Is this application for your Honors College project? \*

Yes

No

## Enrollment Status

**Will you be a full-time student (defined as being enrolled in 12 or more credits) during the semester that you are applying? \***

Yes, I will be enrolled in 12 or more credits during the semester for which I am applying for funding.

No, I will be enrolled in fewer than 12 credits during the semester for which I am applying for funding.

If you **will not** be a full-time enrolled student (defined as being enrolled in 12 or more credits) during the semester for which you are applying for funding, you are not eligible to apply.

If you **will** be a full-time-enrolled student (defined as being enrolled in 12 or more credits) during the semester for which you are applying, you are eligible to apply for UROP. If you reduce your credit load during the semester to less than 12 credits, you must withdraw your UROP funding, as you will no longer be eligible for funding.

## Research Location

**Where will you be performing your research? \***

## Faculty Mentor Information

Your mentor must be a member of the Boston University faculty. This includes adjunct professors, research professors, associate professors, and assistant professors. If you are unsure if your faculty mentor is eligible to be a UROP mentor, please email [UROP@bu.edu](mailto:UROP@bu.edu).

**Faculty Mentor's First Name \***

**Faculty Mentor's Last Name \***

**Faculty Mentor's College \***

**Faculty Mentor's Academic Department \***

**Faculty Mentor's BU Email Address \***

example@example.com

**Have you worked with this mentor before? \***

Yes

No

**For how long? \***

## Award Information

**Faculty Matching Grant (FMG):** a stipend half of which is provided by UROP (the amount chosen below) and half is provided by your mentor. Ensure that your mentor has matching funds. For a Faculty Matching Grant (FMG), your faculty mentor must have matching funds totaling half of your requested award amount. For example, if you apply for a total award of \$1,500.00 (10 hours/week), your mentor must provide \$750.00 in matching funds.

**Student Research Award (SRA):** a stipend that is funded entirely by UROP.

**Supplies Award:** funds that are provided to the mentor's department to cover supplies needed for the research project. You may only apply for a supplies award or a stipend award, not both.

**Will you be receiving any academic credit for this research work? If yes, then you may only apply for a Supplies Award. \***

Yes

No

**For what type of award are you applying? \***

**Please select the approximate number of hours you will be working: \***

**Please select the approximate number of hours you will be working: \***

**What amount are you requesting? \***

## Previous UROP Funded Project

**Have you previously been awarded UROP funding? \***

Yes

No

**How many total semesters have you been funded by UROP (stipend or supplies)? \***

Typically, students cannot receive UROP funding more than 3 times. Applicants who have been funded fewer than 3 times will be considered at a higher priority. We encourage all students to have a backup plan to support your research if your application does not receive funding (e.g. research for credit, work-study funding, funding from your mentor or department).

**Provide information on the results obtained from your previously funded project, and new goals you wish to achieve. \***

(Tip: you can list goals from your previously funded application and approximate the percentage completion of each goal)

0/1500

**Please explain below ANY and all changes to your previously funded projects (i.e. mentor change, project scope change, different project/mentor entirely etc.). \***

0/1500



# Proposed Project Information

## Project Title \*

0/500

## Project Description and Goals

Provide a description of your research proposal written in terms that can be understood by someone outside your field. In this section, include your project's overall objectives as well as the specific goals you plan to accomplish this semester.

**TIP:** Feel free to use "I" as the review committee wants to understand your role in the project. This is especially helpful if your project is part of a larger project in your research group.

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0/3000

## Project Significant/Importance

Explain (in general terms) why the information gained from this research project will be beneficial. What is the bigger picture of your research? What are the implications of this research relative to the field of study? This section should not focus on how this project and related funding would help you or your career goals.

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0/3000

## Proposed Project Information (*Continued*)

### **Methodology/Process**

Clearly state how you plan to accomplish the goals listed in your project description section. Identify the specific steps, resources, and processes necessary to perform your research.

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### **Timeline**

Provide a detailed timeline that you plan to follow to complete your goals listed in the project description. This timeline should focus on the work that you will be doing this semester and not the overall timeline of the project. Timelines can be organized by week or phase.

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0/3000

## Proposed Project Information (*Continued*)

### **Background Experience**

List any previous research experience, applicable course work, or other relevant experience you may have.

**TIP:** If you have worked with your mentor previously or have had them in class, you can highlight that in this section.

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0/2000

## **Bibliography**

List the source you have consulted while preparing this proposal, as well as any reference you cited within this application.

**Note** - If you are writing your application in Microsoft Word (or a similar platform) and are using either endnotes or footnotes to make citations, they will not copy over into this application. Therefore, we recommend completing in-text citations. You can also number citations (i.e., (1)) in the text of the application and have the number (1) correspond to an entry in the bibliography section.

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0/2000

*If you are applying for a Supplies Award and this page is blank, please return to the Applicant Information page and change your answer to yes.*

*Otherwise, please click "Next".*

# Supplies Award Request

Supplies Awards are typically under \$500. If you are applying for a Supplies Award, please provide a detailed description of what you wish to purchase. Indicate the price per unit and the total estimated cost for each item. Unused lines should be left blank.

## Stipulations

Supplies Award funds may not be used for travel. All applications for travel must be submitted on a separate travel application, which can be found on the UROP website. If you are not applying for a Supplies Award, please change your answer to "No" under the Supplies Award question at the bottom of the Applicant Information page.

**Item Name & Price per Unit \***

**Estimated Cost \***

Type a question

Type a question

Type a question

Type a question

Type a question

Type a question

Type a question

Type a question

Type a question

Type a question

**Supplies Award Justification - Describe the role the requested materials will play in your research and explain your need for each item. \***

0/1800

# Safety Training

All students working in laboratories that use certain hazardous materials are required by the Office of Environmental Health & Safety to complete training to work with those materials. Animal Safety courses are coordinated by the Laboratory Animal Care Facility.

Does your research environment require you to take safety training? If you are unsure, please ask your mentor.

## Laboratory Safety \*

Yes

No

**taken on:**

Month   Day   Year

## Radiation Safety \*

Yes

No

**taken on:**

Month   Day   Year

## Laser Safety \*

Yes

No

**taken on:**

Month   Day   Year

## X-Ray Safety \*

Yes

No

**taken on:**

Day      Year

**Animal Safety \***

Yes

No

**taken on:**

Month    Day      Year

**If you have not taken the required training(s), provide the date(s) when you will fulfill the requirement(s).**

# Human Subjects & Animal Use

If your project involves research with [human subjects](#), your proposal must address any required Institutional Review Board (IRB) approvals in advance of the project start date. You, with the assistance of your Faculty Mentor, are responsible for contacting the IRB to determine any required approvals or exemptions. You cannot begin work on your project until these approvals or exemptions are obtained.

**Human Subject** is broadly defined as a living individual about whom an investigator (professional or student) is conducting research. Research with human subjects involves information being collected about the subject through some intervention (i.e. physical procedure or manipulation of the subject or their environment), OR an interaction (i.e. communication or interpersonal contact). Additionally, the investigator uses studies or analyzes this information about the subject.

Similarly, if your project involves the use of animal subjects, this will require approval from the Institutional Animal Care and Use Committee (IACUC). For projects involving animals, please discuss with your Faculty Mentor what approval needs to be made for you to engage in your project.

For questions regarding IRB or IACUC approvals, please review the Office of Research resources on [compliance](#), you can also review the list of officers and contacts [here](#). Neither the UROP office, nor your Faculty Mentor can determine if IRB or IACUC approval is required. You MUST contact the IRB or IACUC offices directly.

**I acknowledge that I have reviewed the IRB and IACUC information alongside my mentor. \***

Yes, I acknowledge.

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## Research Involving Animals

**Does your research involve the use of animal subjects? \***

Yes

No

**If you are going to be using animals in your research, has the Animal User New Project Application been approved by the Institutional Animal Care & Use Committee (IACUC)? If yes, upload a copy of the approval letter. If no, please upload an email from the IACUC noting your exemption. \***

Yes

No

IACUC Approval Letter - This must be titled "**Last Name, First Name IACUC.**" **If the documentation is not in**



this format, we cannot guarantee that it will be attached to your application when it is reviewed by the committee.

*Only .pdf files will be accepted.*

## Research Involving Humans

**Does your research involve the use of human subjects? \***

Yes

No

**If your research will involve humans, has it been approved by the appropriate Boston University Institutional Review Board (IRB)? If yes, upload a copy of the approval letter. If no, please upload an email from the IRB noting your exemption. \***

Yes

No

IRB Approval Letter - This must be titled "**Last Name\_First Name\_xIRB.**" If the documentation is not in this format, we cannot guarantee that it will be attached to your application when it is reviewed by the committee.

*Only .pdf files will be accepted.*

# Appendix

***This section is not required.*** You may upload 1 page of additional information only if you feel it is relevant to your application. We will not attach a resume or CV to your application. Please be aware that you may not continue your answers in this section; if you do so, it will be removed from your application. Your answers to previous questions must fit within the limits of the boxes provided.

If you upload an appendix, you MUST title it "**Last Name\_First Name\_xApx**". If your appendix is not labeled according to these directions, we cannot guarantee that it will be evaluated with your application.

## Submission Statement

I acknowledge that this application falls within Boston University's Academic Conduct Code, which can be found [here](#). Therefore, I certify that this application is my own work and that I have acknowledged all materials and sources used in its preparation.

**Name:**

**Date:**