



Southern Illinois University Edwardsville, Campus Box 1300

## URCA Associate Application

These sheets must be delivered to Dr. Belasen's faculty mailbox in the Main Business Office (Alumni Hall 1102) by midnight on April 4, 2025.  
Please type.

STUDENT

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MENTOR(S)

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PROJECT TITLE

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*Upon submitting this proposal, I verify that this writing is my own and pledge to fulfill all of the expectations of the Undergraduate Research and Creative Activities Program to the best of my abilities. I understand that failure to do so may result in return of fellowship money to the University and forfeiture of academic credit and honors recognition.*

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Student Signature

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Date

*I am able, willing, and committed to providing the necessary facilities and to take the time to mentor this student during this project. I verify that this student is capable of undertaking this proposed project. I also commit to helping the student receive necessary approvals and clearances for this study prior to beginning work on the project.*

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Faculty Mentor Signature

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Date

*This project is within the mission and scope of this department, and the department fully supports the faculty mentor and student during this venture.*

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Department Chairperson Signature

**Will this URCA project satisfy your department's Senior Assignment requirement?** Circle one: Yes No

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Date

*I support this proposed faculty-student scholarly activity as within the mission of the College/School.*

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

1. Applicant's Name \_\_\_\_\_

2. SIUE ID# \_\_\_\_\_

3. Local Address \_\_\_\_\_

\_\_\_\_\_

4. Permanent Address \_\_\_\_\_

(if different from above)

\_\_\_\_\_

5. Telephone \_\_\_\_\_ ☐ Cell ☐ Residence

6. E-mail Address \_\_\_\_\_@siue.edu

For stipend processing information only (your answers will in no way affect your application), please answer the following:

7. Do you have a social security number? (Do NOT provide SSN here.) ☐ Yes ☐ No 8.  
Are you a foreign national? ☐ Yes ☐ No

9. Academic Major \_\_\_\_\_

10. Hours Completed \_\_\_\_\_

11. GPA (4-point scale) \_\_\_\_\_

12. Project Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Mentor(s) \_\_\_\_\_

14. Departmental Administrator in charge of purchasing: \_\_\_\_\_

(In the case of dual mentors from differing departments, select one mentor's department to be in charge of purchasing.)

Email: \_\_\_\_\_@siue.edu

Phone: 618-650-\_\_\_\_\_

15. Special clearances/approvals required for the project

☐ Human Subjects

☐ Toxic Waste

☐ Animal Care

☐ Other (Describe) \_\_\_\_\_

16. Summary of \$500 Project Budget

☐ Commodities ☐ Contractual Services ☐ Student Travel Costs ☐ Equipment ☐ Other (Specify)

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