Default Question Block

First Name

Last Name

University Email Address
email must end with @umn.edu

U of M Student ID Number
7-digit number found on your U Card

Select your campus.

Select your college.
If you are enrolled in multiple colleges at the U, you may select more than one.

☐ College of Biological Sciences
College of Continuing Education

College of Design

College of Education and Human Development

College of Food, Agricultural and Natural Resource Sciences

College of Liberal Arts

Carlson School of Management

College of Science and Engineering

School of Nursing

College of Pharmacy

Other

What is your major?
If you have a double major, separate them with a comma.

Month and Year of Graduation
ex. May 2016

The following questions refer to your Faculty Mentor and research collaborators.

Faculty Mentor's Name
Include first name & last name

Faculty Mentor's Department
Did you collaborate with another research partner on your project?

☐ Yes
☐ No

If yes, list your research partners first and last name below.

The following questions refer to your preferences and special requests on the day of the symposium.

Drag and drop the session times in order of your preference.

This year we are grouping student presentations by disciplines. We encourage you to register with the appropriate college based on your research if at all possible.

Sessions 1 and 2 will mainly feature students from CLA, CDES, CEHD, CFANS, CSOM, and CCE. Sessions 3 and 4 will mainly feature students from CBS, CSE, and Allied Health Sciences.

We will accommodate you if this isn't possible.

Session 1: 9:45am to 11:15am (CLA, CDES, CEHD, CFANS, CSOM, CCE)
Session 2: 11:30am to 1:00pm (CLA, CDES, CEHD, CFANS, CSOM, CCE)
Session 3: 1:15pm to 2:45pm (CBS, CSE, Allied Health Sciences)
Session 4: 3:00pm to 4:30pm (CBS, CSE, Allied Health Sciences)
**Special Requests**

Please specify if you need any of the following on the day of the presentation.

*Note: We encourage and want to accommodate presentations that are not easily displayed in a poster format.*

*Please let us know (in "other) if you need additional resources in order to present your project.*

- [ ] Access to a table
- [ ] Access to an electrical outlet
- [ ] Other *(please specify)*

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**Project Title, Abstract, and Head Shot Upload**

**Project Title**


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**Abstract**

*Copy and paste your abstract in the space below. No more than 250 words total.*

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**Upload your head shot below.**

_Name your file like this: "last name_first name_2016photo.jpg". Photos must be professional in nature. You must be the only person in the photo (or the photo must be cropped to only feature your face). Selfies will not be accepted._**
Your photo will be printed in black and white next to the information provided in this registration form in the 2016 Undergraduate Research Symposium Booklet.

For more information about the Undergraduate Research Symposium, click here.

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