

# Elizabeth City State University

1704 Weeksville Road

Elizabeth City, North Carolina 27909

SCHOOL OF MATHEMATICS, SCIENCE AND TECHNOLOGY

CAMPUS BOX 970 TEL: (252) 335-3913 FAX: (252) 335-3644

## Application Form - 2010 MST Research Week Program

The faculty, staff, and administration of the School of Mathematics, Science and Technology will host the 5<sup>th</sup> Annual Research Week Program from February 2-5, 2010. Participating students will have the opportunity to present the results of their research at the poster session. If you are interested in this opportunity, please complete this application and return it with supporting documentation to:

**Lila R. Gonzales, Executive Assistant III**

**ECSU School of Mathematics, Science and Technology, 400 Jimmy R. Jenkins Science Center**

Please contact Ms. Gonzales if you have any questions. Tel: (252) 335-3913, Email: lrgonzales@mail.ecsu.edu

**Notice: Fill in all requested information or put N/A if not applicable.**

**Application Deadline: Monday, November 9, 2009 at 5:00 pm**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Local/Campus Address \_\_\_\_\_

Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Classification \_\_\_\_\_ Major \_\_\_\_\_

Name of your former high school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

GPA \_\_\_\_\_ Ethnicity \_\_\_\_\_ Citizenship \_\_\_\_\_ Sex \_\_\_\_\_

Name and of parent(s), guardian(s) or spouse \_\_\_\_\_

Address \_\_\_\_\_

### Checklist

1. Discuss project and obtain approval from a faculty research advisor
  2. Submit completed application and abstract forms
  3. Turn in all materials by Monday, November 9, 2009 at 5:00 pm
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**Research Title:** \_\_\_\_\_  
\_\_\_\_\_  
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**An abstract (one page or less) describing the student research project should be typed below and be submitted with the application. The abstract must be signed by the faculty research advisor. (600 word max)**

\_\_\_\_\_

<b>Print Faculty Advisor Name</b>	<b>Faculty Advisor Signature</b>	<b>Date</b>
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**Advisors phone and email address**

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<b>Student Researcher Signature</b>	<b>Date</b>
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