

Funded OK-LSAMP Research Summer Experience (FORSE)



Name:		Date:			
CWID:	Phone Number:				
Has your address changed?	If so:				
In order to apply for OK	-LSAMP Summer Resear	ch Internship Program (RIP) funds, you		
		p programs (must provide a	<mark>pplication</mark>		
<u> </u>	EQUIREMENTS AND E	<mark>ig options with your mentor.</mark> XPECTATIONS			
 ◆ Generally, coursework is report only with the mentor's at enrollment must be on file ◆ Time requirement: Funding ◆ In case of absence, notify the ◆ Unacceptable reasons for at the end of the time period for the end of the time period for the departmental semination and/or OK-LSAMF ◆ Give a brief overview of your fall interns are required to the fall semester (usually) 	research halified) research mentor hust be approved and signed by young allowable. In case of excep pproval. Enrollment in a count in the OKAMP office g is based on Full-time/Part-time he mentor and the OK-LSAMP of the description of the obsence may result in RIP fund research time sheets (provided) and submit the time sheets must have mentor's pook (Refer to tips on the research may near that relate to your research our research at a scheduled interest to participate in the Annual R in September or October).	status – the amount of time spent cooffice eduction or forfeiture m to the OK-LSAMP Office by the signature notebook) h and/or those that are suggested of the	1/2. A copy of the inducting research Monday following or required by your		
Part-	Time (40 hours per week) Time (20 hours per week) oplement to a paid internshi	p			
	AMP funds. (*If requesting	plan as well as a brief descrip supplemental funds, include the in	•		
		rue and that you have applied on, and discussed funding op			
Signature of Applicant	Date	Signature of Mentor	Date		
Return application materia	als to OK-LSAMP, 401 Sec	ott Hall, Stillwater, OK 74078,	by April 30		

For questions, contact <u>darlene.croci@okstate.edu</u>, 405-744-7820

For Office Use Only: Funds Awarded? Y N	Amount: \$	Signed:	Date: