2018-2019

Linder Family Undergraduate Research Fellowship
Department of Biochemistry, Biophysics and Molecular Biology

APPLICATION CHECK-LIST

Today’s date: _______________  Student’s Name: ______________________

☐ I am a full-time biochemistry, biophysics or agricultural biochemistry undergraduate student enrolled in at least 12 hours of classes.
☐ I have a minimum cumulative ISU GPA of 3.0.
☐ My research proposal for this Fellowship is not part of any class project/assignment.
☐ I have included two letters of recommendation.
☐ I have included a CURRENT RESUME (1 page) to include academic status and expected graduation date (semester/year), and added special qualifications relevant to my proposed project.
☐ I have included my RESEARCH PROPOSAL: (<3 pages including figures, notes, and references), consisting of the following, clearly labeled parts:
  • Descriptive title
  • Thesis statement
  • Problem/hypothesis
  • Methodology
  • Expected outcomes of the project
  • Why a Fellowship is necessary for the success of the project
  • Overview statement provided by the faculty mentor
☐ I understand that applications will be evaluated on the basis of my proposal.
☐ I understand the terms and expectations of accepting a Linder Fellowship.

* A useful Research Proposal Writing Guide can be found at: http://www2.smumn.edu/deptpages/~tcwritingcenter/Forms_of_Writing/ResearchProposal.htm

The information provided in this application is correct to the best of my knowledge. I have read and understand ISU's policy on plagiarism and the expectations as a Linder Fellowship recipient.
SIGNATURE OF APPLICANT AND DATE: ____________________________

By signing, I agree to supervise and mentor this student if an Undergraduate Research Fellowship is awarded.
I further certify that this project requires protocol confirmation by the Office of Research Support as indicated below:
* IACUC (this project uses vertebrate animal subjects): YES / NO
* IBC (this project uses biohazardous material): YES/ NO
* IRB (this project uses human subjects): YES/ NO

  * If “yes” to any of the three questions, the proposed research cannot begin until institutional approval is granted!

SIGNATURE OF FACULTY MENTOR AND DATE: ____________________________