Application for the J. Richard LaPietra Chemistry Summer Research Program

Supported by
The Dr. J. Richard LaPietra Sponsored Student Research Fund
To Enhance Excellence in Chemistry

Name:_____ CWID:_____

Email:_____ Cell:_____

Major: _____ GPA: _____

Project
Description:_____
_____
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_____
_____

Faculty Advisor:_____

The faculty advisor agrees to be available (or to make appropriate arrangements for another qualified individual to be available) to guide and supervise the above student through the duration of the summer program.

Advisor signature:_____ Date:_____

The research student agrees to be available on a full-time basis for the period of time specified above and to follow all policies of the School of Science.

Student:_____ Date:_____