

REGISTRATION FOR THE SUMMER RESEARCH INSTITUTE AT BOWLING GREEN STATE UNIVERSITY

First Name:

Last Name:

Institution/Affiliation

Department/academic field:

Check one:

Faculty _____ Advanced Graduate Student _____ Independent Scholar _____

Email:

Primary Phone:

Are you interested in being considered for a travel grant?

_____yes _____no, self-funded

Housing preference (will confirm upon acceptance)

On-campus dormitory _____ local hotel _____

Title of Research Project:

Please sign or initial indicating that you have read the information and expectations of the institute, and the work submitted is your own:

