

UA Little Rock CINS Undergraduate Research Proposal

Student Information						
Name:	T#:		Major:			
Status (freshman, junior, etc.):	Email Address:		Phone:			
Supporting Faculty Member Information						
Name:			Department:			
Email Address:			Phone:			
Project Information						
Project Title:						
Proposed Start Date:		Proposed Completion Date:				
Description of research to be conducted at CINS: (This column may be expanded as necessary.)						
Description of the overall research project: (This column may be expanded as necessary.)						
Description of any preliminary research already conducted: (This column may be expanded as necessary.)						
List any previous work done at CINS:						



List all instruments to be used:		Previous training on these instruments (Y/N, date):			
List any CINS collaborators	contacts:				
Describe any hazardous (ph		radiation, etc.) ma	terials being used and their		
			nstrument usage begins. (This		
column may be expanded as necessary.)					
Notes: • All CINS users must a	adhara ta tha canduct and cta	undards mandatad in	the CINC Facility Hee Pules and		
Guidelines.	ionere to the conduct and sta	indards mandated in	the <u>CINS Facility Use Rules and</u>		
<u> </u>	uate research projects are perf	ormed free of charge	e at CINS, the copyrights to all		
data and images obt	tained through said projects b	elong to CINS. Any p	oublication or presentation of		
	ages requires the written perr				
advance. In addition	, proper acknowledgements a	re required in all pul	olications and presentations.		
Student Signature:		Date:			
Supporting Faculty Member Signature:		Date:			
For Center Use Only		I			
Date Received:	Proposal No.:	□Approved	□Denied		
Notes:					
Dr. Fumiya Watanabe, Dire	ctor of Instrumentation:	Date:			