

**Student Interns for Research and Scholarly Activities**

**- Final Abstract Form**

**Instructions:** Faculty fills out the form for faculty information, student information and project information and submits the completed form electronically to Michele Sisco (mcoral@shp.rutgers.edu) by the requested deadline.

Faculty Information:

|  |  |
| --- | --- |
| Date submitted: |   |
| Faculty Name: |   |
| Department/Program: |  |
| Telephone number: |  |
| E-mail:  |  |

### Student Information:

|  |  |
| --- | --- |
| Student selected: [First and Last Name] |  |
| Department/Program: |  |
| Year of graduation: |  |
| Home Address: |  |
| E-mail: |  |
| University ID#: |  |

**Final Abstract Summary:**

Please include a paragraph about each student’s research including details of any poster presentations or publications.