

CRAWFORD HONORS COLLEGE STUDENT RESEARCH VERIFICATION FORM

Governors State University

Submit this document after your presentation or publication of scholarship.

STUDENT INFORMATION			
Name		Major/Minor	
Local Phone No.	Email	Class Standing (Freshman, Sophomore, Junior Senior)	
RESEARCH PROJECT INFORMATION			
Paper/Creative Activity Title			Date of Conference/Accept.
Name of Conference or Journal Paper was Presented/Published		Local: Regional: National:	Undergrad: Graduate: Professional:
Website of Conference/Publication		Sole Authored: Co-Authored (with other students): Co-Authored (with Faculty):	
SIGNATURES			
Student Submitting Proposal		Date	
Supervising Faculty Member (if Applicable)		Date	
Crawford Honors College Dean		Date	<input type="checkbox"/> Approved 1pt <input type="checkbox"/> Approved 2pt <input type="checkbox"/> Not Approved
INCLUDE WITH THIS FORM: Evidence of Conference/Publication Acceptance (e.g. copy/printout of publication or conference schedule with you as presenter)			
		_____ Crawford Honors College Dean	_____ Date
HONORS COLLEGE USE			
<input type="checkbox"/> Student Notified Proposal Received		Date	
Final Research Project: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
Crawford Honors College Dean		Date	
<input type="checkbox"/> Student Notified Final Research Project Approved/Not Approved			