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| **Community College Undergraduate Research Experience (URE) Summit**  **Request for Community College URE Practitioner Applications Application Deadline: Wednesday, September 18, 2019, 5:00 p.m. Local Time** |

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| \*1. Institution(\*Required) |
| |  |  |  | | --- | --- | --- | | \*Institution Name: | |  | | --- | |  | | | \*City: | |  | | --- | |  | | | \*State: | |  | | --- | |  | | |
| \*2. Community College URE Practitioner Contact Information(\*Required) |
| |  |  |  | | --- | --- | --- | | \*First Name: | |  | | --- | |  | | | \*Last Name: | |  | | --- | |  | | | \*Title: | |  | | --- | |  | | | \*College Address: | |  | | --- | |  | | | \*City, State, Zip: | |  | | --- | |  | | | \*Phone: | |  | | --- | |  | | | \*Email: | |  | | --- | |  | | |

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| \*3. Community College STEM Program Area of Focus for UREs (Select as many disciplines as apply)(\*Required) |
| *Select all that apply.* |
| |  |  | | --- | --- | |  | Advanced Manufacturing Technologies | |  | Agricultural and Biotechnologies | |  | Energy and Environmental Technologies | |  | Engineering Technologies | |  | Information Technologies | |  | Geospatial Technology | |  | Micro and Nanotechnologies | |  | Security Technologies | |  | Other:   |  | | --- | |  | | |
| \*4. How long have you been involved in the implementation and offering of UREs?(\*Required) |
| *Select one.* |
| |  |  | | --- | --- | |  | Less than 1 year | |  | 1-2 years | |  | 2-4 years | |  | 5-10 years | |  | More than 10 years | |

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| \*5. Please list the type of UREs offered at your institution? (Check all that apply)(\*Required) |
| *Select all that apply.* |
| |  |  | | --- | --- | |  | Course-Based URE (CURE) | |  | REU | |  | Independent Study/Honors Project | |  | Internship | |  | Apprenticeship | |  | Design Competition | |  | STEM Challenge | |  | Other:   |  | | --- | |  | | |
| \*6. Please provide a short description of the UREs developed, implemented, and offered at your institution. (500 words or less)(\*Required) |
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| \*7. Please provide three main challenges your college faced in implementing UREs. (350 words or less)(\*Required) |
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| \*8. Please provide three strategies/promising practices your college undertook to implement UREs. (350 words or less)(\*Required) |
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| \*9. Identify any activities and outcomes you hope to undertake as a result of participating in the Community College Undergraduate Research Summit. (350 words or less)(\*Required) |
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| \*10. Biography: Provide a short professional bio (200 words or less).(\*Required) |
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| \*11. Statement of Interest (300 words or less). Describe your personal and professional interest in implementing UREs at community colleges and in scaling this work.(\*Required) |
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| Applicant Certification |

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| \*12. URE Practitioner Name(\*Required) |
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| By checking this box below, I agree to fulfill the requirements of participating in the Community College URE Summit as outlined in the Request for Applications. I affirm that the name typed above represents my official signature and that all information provided is complete and accurate. |

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| \*13. I certify that the information submitted in this application is true.(\*Required) |
| *Select all that apply.* |
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| \*14. Submission Date(\*Required) |
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| Institutional Certification |
| The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that the filing of this application has been duly authorized by the institutional leadership and governing body of the applicant and the applicant will comply with the requirement to participate in the event if selected to attend. |
| By checking the box below I affirm that I have reviewed and approved this application and support the commitment of the applicant to participate in the URE Summit. |

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| \*15. President or Chief Academic Officer(\*Required) |
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| \*16. I certify that the information submitted in this application is true.(\*Required) |
| *Select all that apply.* |
| |  |  | | --- | --- | |  | Yes | |

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| \*17. Submission Date(\*Required) |
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