

# UROP Proposal Submission Process

When you submit your proposal, your faculty mentor(s) will receive an e-mail asking for a recommendation for your project, to be received by UROP one week after the proposal deadline.

Submit your UROP grant proposal through the UROP Web site ([www.urop.uci.edu/grants.html](http://www.urop.uci.edu/grants.html)):

1. Use your Web browser to open the UROP Call for Proposals Web page: [www.urop.uci.edu/grants/callforproposals.html](http://www.urop.uci.edu/grants/callforproposals.html)
2. At the bottom of the page, click **UROP Proposal Submission Form** to begin the submission process with Page 1.

## Page 1

**Number of Undergraduate Researchers:** Enter the number of undergraduates who are directly involved in the proposed project. For a group project, include all participants in a single submission. However, a separate personal statement is required for each student.

**Number of Faculty Mentors:** Enter the number of faculty mentors. You must be working under the guidance of at least one member of the Academic Senate. If you have more than one faculty mentor, be sure they are aware of each other, and that you have discussed the arrangement with each of them.

## Page 2

Fill out one page for each student. Please use normal capitalization in your entries. Do not use all upper- or lower-case letters.

**Name:** Type your full name in the First Name, Middle Initial, and Last Name boxes.

**Student ID:** Enter your UCI Student ID Number.

**E-mail:** Use your preferred e-mail address. Please check your e-mail regularly, as this is how we will communicate with you.

**Major(s):** Select your major. Use the box provided to type additional majors, as appropriate, and if not available as part of the drop-down list.

**UROP Research Abroad Fellowship:** To be considered for this award, select **Yes**. Click the link for more information about the award.

**Research-Related Courses:** If you are enrolled in research-related courses, select **Yes** and enter the title and number of units for each.

**Personal Statement:** Type the path and file name of your Personal Statement, or use the **Browse** button to locate it. This document should be a PC-formatted Word (.doc) or Adobe Acrobat (.pdf) file. It should describe who you are—your background and interests—and introduce your project and how it will help you meet your goals. For more details on how to prepare your personal statement, review the Proposal Guidelines:

[www.urop.uci.edu/grants/Guidelines\\_for\\_UROP\\_Proposals.doc](http://www.urop.uci.edu/grants/Guidelines_for_UROP_Proposals.doc)

**Expected Graduation Date:** Select your expected graduation date. You must be continuing as a student throughout the school year to be eligible for a UROP grant.

**Educational Goals:** Share your long-term educational goals with us.

**Career Goals:** Share your career goals with us.

**Research Interests and Experience:** Provide details regarding your research interests and experience.

**Mailing Address/Phone Number:** Provide your current mailing address and phone number. Enter your phone number in a (xxx) xxx-xxxx format.

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\* Required Information

Indicate the number of undergraduate researchers\*

Indicate the number of faculty mentors\*

Double-check that your information is correct, then click the Continue button

Continue

UROP PROPOSALS 1-2-3-4-5

Undergraduate Researcher 1/1 \* Required Information

First Name\*  Middle Initial  Last Name\*

Student ID\*  E-mail\*

Major\* Aerospace Engineering

Additional Majors, If Applicable

Would you like to be considered for the UROP Research Abroad Fellowship?  
No

Are you enrolled in research-related courses? No

If yes, please provide for each course the Title and # of Units

Personal Statement\*  No file selected.  
(Please upload your personal statement as a PC Formatted Word (.DOC) or Adobe PDF (.PDF) Document.)

Expected Graduation Date\* Spring 2016

Educational Goals  BA/BS  MS  Ph.D.  MD  JD  Other  
If Other

Career Goals

Research Interests and Experience (please include duration, if applicable)

Current Address

Street Address\*

City\*  State\*  Zip\*

Phone Number

Double-check that your information is correct, then click the Continue button.

Back Continue

### Page 3

Fill out one page for each faculty mentor.

**Faculty Mentor:** List the name, department, e-mail address, phone number and UCI address for the faculty mentors. Use the **Directory** feature on the upper-right corner of the UCI Web site ([www.uci.edu](http://www.uci.edu)) to find this information.

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**Project Title:** Type the full title of your project. Please use normal title capitalization. Do not use all lower- or upper-case letters.

**Special Characters/Symbols:** Check this box if your project title has any special text, such as Greek letters, scientific notation, italics, bold, etc.

**Faculty Approval:** Proposals should be reviewed and approved by all faculty mentors before they are submitted.

**Proposal:** Type the path and file name of your proposal, or use the **Browse** button to locate it. This document should be a PC-formatted Word (.doc) or Adobe Acrobat (.pdf) file. It should provide a background, clear objective, relevancy, methodology, roles and responsibilities, timeline, citations and an itemized budget. For more information on how to prepare your proposal, review the sample proposals and Proposal Guidelines at: [www.urop.uci.edu/grants/callforproposals.html](http://www.urop.uci.edu/grants/callforproposals.html)

**IRB/IACUC Approved Protocols:** If your project involves human subjects or live vertebrate animals, you need to obtain or be added to an approved protocol.

To determine whether you need IRB or IACUC approval, review the Office of Research Administration Research Protections Web site, [www.research.uci.edu/ora/](http://www.research.uci.edu/ora/). This page has all the information you need to meet the protocol submission and approval requirements, as well as whom to contact for assistance. If applicable, provide us with your approved protocol number. If you have submitted a protocol that is still pending approval, provide your protocol number and type "Pending." Please note that you will not receive funding and cannot make contact with human subjects or with vertebrate animals in the context of your research project until the protocol is approved.

**Funding Information:** Enter the total amount of funding you are requesting. Make sure complete details are contained in your proposal. If you are receiving additional outside funding for your project, please provide details regarding the source, amount, and purpose of these funds.

**Department Contact Information:** Enter contact information for a departmental accounting contact who works with your faculty mentor. This individual might be contacted, especially if your project was recommended for funding and it involves transfer of funds to a departmental account.

### Page 5

**Revise:** Review all your information. Click the appropriate **Revise** button to make changes.

**Submit:** Click **Submit** after confirming that the information you entered is correct. You and your faculty mentor(s) will receive an e-mail confirming that your proposal has been received, which includes a link to access the information you submitted and make further edits.

UROPROPOSALS 1-2-3-4-5

**Faculty Mentor 1/1** \* Required Information

First Name\*  Middle Initial  Last Name\*

Department\*

E-mail\*

Phone Number

UCI Address\*

Double-check that your information is correct, then click the Continue button.

UROPROPOSALS 1-2-3-4-5

**Project Information** \* Required Information

Title of your Project\*

Does your project TITLE contain scientific notation, Greek letters, bold, italics, or other special characters/symbols?

Has your faculty mentor(s) approved the proposal that you are submitting?

Proposal\*   [Sample Proposals](#)  
(Please upload your proposal as a PC Formatted Word (.DOC) or Adobe PDF (.PDF) Document.)

If this project involves the student's use of human subjects or data/specimens from living humans, has it been approved by the Institutional Review Board (IRB)?  
 Yes  No  Not Applicable

If yes, please provide the approved IRB protocol number

If this project involves the student's use of live vertebrate animals, has it been approved by the Institutional Animal Care and Use Committee (IACUC)?  
 Yes  No  Not Applicable

If yes, please provide the approved IACUC protocol number

**Funding Information**

Funding Request\* \$  TOTAL  
(Please make sure you have included your budget details and justification in the proposal.)

Related to the proposed project, are you receiving funding for research-related supplies and expenses?

Related to the proposed project, are you receiving funding in the form of stipends?

If yes, please indicate source, amount and purpose of funding:

If awarded, funds will be transferred to a departmental account, or awarded directly to you as a stipend. In the event that we decide to transfer to a departmental account, please provide us with the following information for a departmental accounting contact who works closely with your faculty mentor.

Department Accounting Contact\*

Phone  E-mail\*

Double-check that your information is correct, then click the Continue button.