

**SUBMISSION FORM**  
**UW Oshkosh Sixteenth Annual Celebration of Scholarship – April 23, 2009**

Title of Entry as it appears on your abstract: \_\_\_\_\_

**Contact Information: Presentations with three or more presenters should list the additional presenter(s) and their contact information on a separate piece of paper and attach. If co-presenters are not listed, only the person listed as the presenter will be eligible for an award.**

**Presenter 1**

**Presenter 2**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home and Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are any presenter(s) participating on other entries?  Yes  No

If yes, name and title of entry: \_\_\_\_\_

Faculty co-author(s) on your research?  Yes  No

If yes, name(s) of faculty co-author(s) and check involvement below: \_\_\_\_\_

- Faculty member(s) collaborated equally in conducting and writing project/activity
- Faculty performed majority of project/activity and writing
- Student performed majority of project/activity and writing

Do you wish to be included in the judging process? (Note: Student/Faculty Collaborative Research awardees must be judged.) Yes No

Indicate your category: Arts/Humanities Sciences Social Sciences Nursing

Student Classification:  Graduate Student  Undergraduate Student

Sponsoring Degree Program(s) or Department: \_\_\_\_\_

Is your project/activity completed?  Yes  In progress

**Presentation Type: (On the lines below, list any special needs or equipment not already provided.)**

- Poster – Must be present between 11:00 a.m. – 1:00 p.m.
- Visual Art – Must be present between 11:00 a.m. – 1:00 p.m.
- Oral Presentation – Select the presentation time when both you and your advisor can be present.
  - 9:00 – 10:00 a.m.  10:00 – 11:00 a.m.
- Artistic Presentation – Select a time to present when your advisor can be present and describe presentation.
  - 9:00 – 10:00 a.m.  10:00 – 11:00 a.m.

Student Signature(s): \_\_\_\_\_

Faculty Advisor/Sponsor Signature(s): \_\_\_\_\_

Print Faculty Name(s) and Department: \_\_\_\_\_

**Return this completed form by March 5, 2009, to Susan Surendonk, Office of Grants & Faculty Development, Dempsey 214, and e-mail your abstract (type “C of S” in the subject line) to [grants@uwosh.edu](mailto:grants@uwosh.edu). Questions can be directed to Susan at 424-3215 or e-mail [surendon@uwosh.edu](mailto:surendon@uwosh.edu).**