UW Oshkosh
Office of Grants and Faculty Development

2014 Celebration of Scholarship Submission Form

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 Phone:		
Cell Phone:		
E-mail Address:		

Sponsoring Degree Program(s) or Department(s): _____

Is your project/activity completed? ☐ Yes ☐ No, it is in progress.

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.

Judging

Projects eligible for judging must have results/conclusions. Student/Faculty Collaborative Research awardees must be judged.

Do you wish to be included in the judging process? ☐ Yes ☐ No

Indicate Your Category: ☐ Arts/Humanities ☐ Sciences ☐ Social Sciences/Business/Education ☐ Nursing

Student Classification: ☐ Graduate Student ☐ Undergraduate Student

Presentation Type

☐ **Poster** – Must be present between 11 a.m. and 1 p.m.

☐ **Visual Art** – Must be present between 11 a.m. and 1 p.m.

☐ **Oral Presentation** – Select the presentation time when both you and your adviser can be present.

☐ 8:30 – 9:30 a.m. ☐ 9:30 – 10:30 a.m.

Artistic Presentation – Select a time to present when your adviser can be present and describe your presentation.

☐ 8:30 – 9:30 a.m. ☐ 9:30 – 10:30 a.m.

Artistic Presentation Description (If Artistic or Visual Art):

If your research involved collecting data from human participants or vertebrate animals, please provide IRB or IACUC protocol approval number. If not applicable, please state below.

Please list any special needs or equipment not already provided.

Student Signature(s): _____

☐ As faculty adviser, I have read and approve my student's abstract and will approve poster content if this is a poster presentation.

Faculty Adviser/Sponsor Signature(s): _____

Print Faculty Name(s) and Department(s): _____

Return this completed form and a hard copy of your abstract by March 3, 2014, to Susan Surendonk, Office of Grants and Faculty Development, Dempsey 214. You must also e-mail your abstract (type "C of S" in the subject line) to osscap@uwosh.edu. Questions can be directed to Susan at (920) 424-3215 or e-mail surendon@uwosh.edu.

osscap
OSHKOSH STUDENT SCHOLARLY & CREATIVE ACTIVITIES PROGRAM