**Guidelines and Instructions for the Symposium on Student Scholarship Abstracts**

Undergraduate research is an inquiry or investigation conducted by an undergraduate student that makes an original intellectual or creative contribution to the discipline. The Berry College Annual Symposium on Student Scholarship was created to provide an opportunity for students to present their research findings and creative works. This day celebrates student scholarship and creative endeavors across all disciplines. All Berry students are welcome to submit an abstract and everyone is encouraged to attend the symposium!

**Application Checklist** Applicants must submit all of the following by the due date:

* Completed student application and abstract
* Cover page with signatures from the applicant, the applicant’s mentor, Department Chair, and School Dean

**Printing Instructions**: Please do **not** print double sided and do **not** staple.

By signing below, I agree that I have read and understand the above instructions and will follow them.

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Student Signature Date

By signing below, I agree that I have read the student’s application and abstract. This student’s work makes an original intellectual or creative contribution to the discipline. I fully support this application and recommend it for admission to the symposium.

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Mentor Signature Date

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Chair Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Signature Date

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**Office Use Only:**

Submitted on time: Yes No

Emailed revisions?

Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received electronic app?

2018 SYMPOSIUM ON STUDENT SCHOLARSHIP  
April 10, 2018  
Student Submission Form **Deadline: 5:00 p.m. on March 5, 2018**

**NAME OF STUDENT(S) (as they should appear in the program)**

Click here to enter text.

**STUDENT CONTACT INFORMATION (for groups, choose a single point of contact)**

**Student Contact Name:** Click here to enter text.

**Campus Box:** Click here to enter text.

**Phone:** Click here to enter text.

**E-mail address:** Click here to enter text.

**NAME OF FACULTY MENTOR**

Click here to enter text.

**FACULTY MENTOR CONTACT INFORMATION**

**Department:** Click here to enter text. **Office Phone:** Click here to enter text.

**E-mail address:** Click here to enter text.

**TYPES OF PRESENTATION**

**ORAL PRESENTATION OPTIONS**

**Paper Presentation** **Pecha Kucha** **Performance (Music/Dance)**

**POSTER SESSION**

**Poster**

**If your abstract is not selected for an oral presentation, do you want to be considered for the poster session?**

**Yes No**

**EQUIPMENT NEEDED: Click here to enter text.**

**Note: For oral presentations, a computer and projection system will be provided.**

**ASSESSIBILITY SERVICES NEEDED**

**Sign Language Interpreter** **Accessibility Accommodations**

**Other: Click here to enter text.**

**PROJECT FUNDED BY:**

**Kirbo Scholars Program** **Richard Scholars Program** **George Scholars Fund**

**Synovus Program RUGS** **Other:** Click here to enter text.

**TITLE OF PRESENTATION (80 CHARACTERS INCLUDING SPACES)**

Click here to enter text.

**PLEASE PROVIDE AN ABSTRACT/DESCRIPTION OF THE PRESENTATION, PERFORMANCE, OR POSTER**

**(200 WORDS MAX)**

**Note: Accepted abstracts will be made available online. Students, faculty, and staff from all departments and disciplines will be in attendance.**

Click here to enter text.