



Research Assistantship Conference Funding Application

Submit to 203 Moore College

curo.uga.edu

Attachments: please attach a letter verifying your inclusion in the conference proceedings.

Name (Last, First MI): _____ Semester: Fall Spring
 Email: _____ Summer Year: _____
 College: _____ 81#: _____
 Major(s): _____ Year (1st, 2nd, 3rd, 4th): _____
 Faculty Mentor: _____ Current Cumulative GPA: _____

Have you previously received a CURO Research Assistantship? Yes Semester: _____ No

Do you currently hold an employment position with UGA? Yes Hours per week: _____ No

Please list any financial aid or scholarships you are currently receiving, including student loans:

Are you currently a member of the Honors Program? Yes No

How did you learn about this opportunity? Check the best selection: CURO Website Peer
 Information Session Faculty Member Academic Advisor Summer Orientation FYO Seminar

CURO Research Assistants are required to present at the spring CURO Symposium.

For more information on this requirement and submission process, please see: curo.uga.edu/symposium

Please type or sign your name below to indicate that you are aware of this requirement:

Student Signature: _____ Date: _____

Have you previously presented research at the CURO Symposium? Yes Year _____ No

Are you currently enrolled in or have you previously completed a CURO Research or Thesis course? Yes No

If yes, please list all courses below. Include prefix, course number, and semester taken:

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Conference Title: _____

Conference Dates: _____

Location: _____

Website: _____

Presentation Format: _____

1. Research Title:

2. Description of the research: Please limit to 200 words or less.

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3. How would presenting at this conference help you achieve your academic and career goals? Please limit to 300 words or less.

Name of student (please print)

Signature of student (required)

Date

Name of faculty mentor (please print)

Signature of faculty mentor (required)

Date

Faculty mentor's department: _____

Faculty mentor's college: _____

If you have any questions please contact: curo@uga.edu

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Travel Agreement & Waiver Form

I, _____ (*name*), a participant in a domestic or international activity
in _____ (*location*), hereby agree as follows:

I have chosen to present at _____ (*name of conference*) in
_____ (*state/city*) during _____ (*semester/year*) from
_____ to _____ (*dates of travel*).

I have thoroughly researched this domestic or international activity and chosen it freely, independently, and with careful consideration. I acknowledge that the Board of Regents of the University System of Georgia and its agents and employees assume no responsibilities for my safety or any liability for costs or difficulties that I may incur related to the activities I pursue while travelling and I participate in these activities at my own risk.

In exchange for the opportunity to received funds from the University of Georgia for this activity I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation whether their actions were negligent, willful, or intentional.

I certify that I am at least 18 years of age. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

Name of student (please print)

Signature of student (required)

Date