**Student – Direct Participant Information**

MUST CHOOSE ONE OF THE FOLLOWING:

**Research Infrastructure** (worked as an assistant to a faculty member’s project/research)

**Higher Education** (worked as an assistant during a workshop/program or faculty grant {Curriculum Development})

**Student Project** (worked as a partner in a collaboration of students)

**Student Profile**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | |  | | | | | | | | | | Last Name: | | | |  | | |
| Major: | | | |  | | | | | | | | | | Graduation Date: | | | |  | | |
| Date of Birth: | | | |  | | | | | | | Student Type:  (Degree Pursuing) | | | | | | Graduate  Undergraduate | | | |
| Project Title: | | | | | | |  | | | | | | | | | | | | | |
| PI / Project Leader: | | | | | | |  | | | | | | | | | | | | | |
| Project Period: | | | | | | |  | | | | | | | | | | | | | |
| Institution: | | | | | | |  | | | | | | | | | | | | | |
| Phone: | | | | | | | |  | | | | | | | Phone Alternate: | | |  | | |
| Email (official school email address): | | | | | |  | | | | | | | | | Email Alternate: | | |  | | |
| Permanent Address: | | | | | | |  | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | |  | | | | | | | Zip Code: |  |
| Gender: | | Male  Female | | | | | | | Ethnicity: | | | | Hispanic or Latino  Not Hispanic or Latino | | | | | | | |
| Race: | American Indian or Alaskan Native  Asian  Some Other Race  Native Hawaiian or other Pacific Islander  White  Do not wish to provide  Black or African American | | | | | | | | | | | | | | | | | | | |
| Disability? | | |  | | If yes, please elaborate: | | | | | | | | | | |  | | | | |
| Are you a U.S. Citizen? | | | | | | | | | | | | | | | | Yes  No | | | | |
| Are you a first generation college student? | | | | | | | | | | | | | | | | Yes  No | | | | |
| Have you served in the United States Military Service? | | | | | | | | | | | | | | | | Yes  No | | | | |