

**Morehead State University**  
**Undergraduate Research Fellowship Request or Continuation**

New Fellowship Request

Continuation

Student Name:	Student ID:	
Student Email:	Classification/Major:	
Department:	Start Date:	End Date:
Faculty Mentor:	Mentor Email:	
Fellowship Year:	Hours Per Week:	
Funding Source:	UG Fellow Program <input type="checkbox"/>	College Funds <input type="checkbox"/> Grant <input type="checkbox"/>

**Project Title:**

**Project Summary/Abstract:**

**Keywords (Please enter up to 3 keywords related to the research project):**

**Expectations of Student (Please enter a brief description of the expected work and contributions during the fellowship period):**

**If necessary, how might this student remotely participate in this research fellowship?:**