**Texas Woman’s University – Quality Enhancement Programs**

*Pioneering Pathways: Learn by Doing*

**AY 2016-2017 Experiential Project Presentation Support Program**

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| **STUDENT INFORMATION** |
| **Name:** |       | **ID#:**  |       |
| **Email** |       | **Phone:** |       |
| **Major:** |       |
|  |
| **FACULTY MENTOR INFORMATION** |
| **Name:** |       | **Email:** |       |
|  |
| **TITLE OF PROJECT:** |       |
|  |
| **Is the student applicant a recipient of other internal/external support?** **[ ]  Yes [ ]  No** |
|  | **If “yes,” briefly list the source(s) of additional support:** |
|  |       |
|  |
| **What is/are the anticipated venue(s) for dissemination of the student’s project results (i.e., Student Creative Arts & Research Symposium, Cultural Connections Conference, professional conference, publication, etc.)**  |
|  |       |
|  |
| **ATTACHMENTS** |
| [ ]  Description of Proposed Project[ ]  Expectations[ ]  Learning Outcomes[ ]  Project Timeline | [ ]  Mentor Budget[ ]  Student CV[ ]  Mentor CV |
|  |
| **SIGNATURES** |
| Student Applicant:I agree to work with the faculty mentor to complete the proposed work and adhere to the requirements of this program: |
| Signature: |  | Date: |  |  |
|  |
| Faculty Mentor:I agree to work with and mentor the student applicant as outlined in this application: |
| Signature: |  | Date: |  |  |
|  |
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