Student Information
First name
Last name
Z-ID
NIU student email
Preferred email
Phone number
Year in school
College
Major
Minor

Faculty Mentor Information
Faculty mentor’s first name
Faculty mentors last name
Faculty mentor’s NIU email
Faculty mentor’s college
Faculty mentor’s academic department
I worked with more than one faculty mentor. YES/NO

Additional Faculty Mentor(s) Information (if applicable)
1st additional faculty mentor’s first name
1st additional faculty mentors last name
1st additional faculty mentor’s NIU email
2nd additional faculty mentor’s first name
2nd additional faculty mentor’s last name
2nd additional faculty mentor’s NIU email

Co-Presenter Information
My presentation has co-presenters. (Co-presenters will attend URAD to help you present your project.) YES/NO
If yes, you may list up to 7 co-presenters:
1) First name of 1st additional presenter
   Last name of 1st additional presenter
   zID of 1st additional presenter
2) First name of 2nd additional presenter
   Last name of 2nd additional presenter
   zID of 2nd additional presenter
3) First name of 3rd additional presenter
   Last name of 3rd additional presenter
   zID of 3rd additional presenter
4) First name of 4th additional presenter
   Last name of 4th additional presenter
   zID of 4th additional presenter
5) First name of 5th additional presenter
   Last name of 5th additional presenter
zID of 5th additional presenter
6) First name of 6th additional presenter
   Last name of 6th additional presenter
   zID of 6th additional presenter
7) First name of 7th additional presenter
   Last name of 7th additional presenter
   zID of 7th additional presenter

Co-Author Information
My presentation has co-authors. (These individuals may or may not be presenting with you.)
YES/NO
If yes, you may list up to 7 co-authors.
1) First name of 1st additional author
   Last name of 1st additional author
   zID of 1st additional author
2) First name of 2nd additional author
   Last name of 2nd additional author
   zID of 2nd additional author
3) First name of 3rd additional author
   Last name of 3rd additional author
   zID of 3rd additional author
4) First name of 4th additional author
   Last name of 4th additional author
   zID of 4th additional author
5) First name of 5th additional author
   Last name of 5th additional author
   zID of 5th additional author
6) First name of 6th additional author
   Last name of 6th additional author
   zID of 6th additional author
7) First name of 7th additional author
   Last name of 7th additional author
   zID of 7th additional author

Project Information
In which department are you presenting your research/artistry project?
Title of presentation
Abstract (In 250 words or less, please describe your project. Please note that the information you provide will be listed in the program exactly as it is submitted.)
Presentation Type (Poster, STEM exhibit, Artistry exhibit, Table talk, Pre-recorded or live performance/production)
Rank preferred session times: 9:00-10:15am, 10:15-11:30am, 11:30-12:45pm, 12:45-2:00pm
Did you complete your project as a requirement of a program? (Research Rookies, SROP, SEF, USOAR, Other)