URAD Registration Questions (Preview)

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
   Z-ID of 1st additional presenter
   NIU student email of 1st additional presenter
   Preferred email of 1st additional presenter
   Phone number of 1st additional presenter
2) First name of 2nd additional presenter
   Last name of 2nd additional presenter
   Z-ID of 2nd additional presenter
   NIU student email of 2nd additional presenter
   Preferred email of 2nd additional presenter
   Phone number of 2nd additional presenter
3) First name of 3rd additional presenter
   Last name of 3rd 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
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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 or Exhibit)
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)
Do any of the following relate to your project? (Community Based Project or Research Project Related to Diversity and Equity)
Are you interested in a URAD Orientation? (Yes or No)
If yes, you may list times that you are available during the week.
   Monday (Morning, Afternoon, Evening)
   Tuesday (Morning, Afternoon, Evening)
   Wednesday (Morning, Afternoon, Evening)
   Thursday (Morning, Afternoon, Evening)
   Friday (Morning, Afternoon, Evening)

End of Registration