

Department of Nutritional Sciences Application for Cargill/Benevenga Undergraduate Research Stipend

Any undergraduate in a Nutritional Sciences major, or any undergraduate student working on a research project with a faculty member in the Department of Nutritional Sciences, may be considered for the stipend based evaluation research proposal.

- Students are to complete the first 10 items.
- The research advisor must complete all sections of the **Advisor Recommendation** form.
- The **Review Recommendation** sheet should be completed by another professor, preferably in the major department, or in a related field.

Completed application form, recommendations and research proposal can be mailed to or dropped off at:

Department of Nutritional Sciences Rm 266 – Attn: Scott Rankin 1415 Linden Dr. Madison, WI 53706

To be completed by the student:

1.	Name:		Class/Year:		
	Campus ID:				
	Phone:				
	Home Address:				
5.	Major(s)/Certificate(s):				
	Research Mentor:				
7.	Research Mentor's Department:				
8.	Graduation Date (Month, Year):				
9. Cargill/Benevenga Undergraduate Research Stipend requested for [semester(s) and					
	year]:				



- 10. Research Proposal: To be completed on **3-4 SEPARATE PAGES AND ATTACHED TO THIS FORM**. Your research proposal must follow the outline below:
 - a. **Project title** (no more than 80 characters).
 - b. **Abstract** (250 words maximum).
 - c. **Background and justification** (1 page maximum): Describe the research problem, briefly review relevant previous research, describe the significance of the research problem to the advancement of science relevant to nutrition and/or to society.
 - d. **Objectives and hypothesis(es)**: Concisely state the objectives of the research and the hypothesis(es) to be tested.
 - e. **Experimental methods** (2 pages maximum): Describe materials and methods, and statistical analyses; what are the expected results in relationship to objectives and hypotheses? What are potential problems and alternative approaches?
 - f. **Previous experience** (1/2 page): Describe your previous research, laboratory, animal handling or other relevant experience.
 - g. **Stipend requested** (one of two levels):
 - i. Total funding, \$1,500 of which \$500 is used to support the laboratory. A total of 2 credits of research (299, 681, 682, 691, 692, or 699) during a single semester are expected. A written final report is required in addition to an oral report of the finished project in a setting to be determined by the research mentor.
 - ii. Total funding \$3,000 of which \$750 is used to support the laboratory. A total of 4 credits of research (299, 681, 682, 691, 692, or 699, 2 cr each over two semesters) are expected. A written final report is required in addition to an oral report of the finished project in a setting to be determined by the research mentor.

I agree that if awarded a Cargill/Benevenga Undergraduate Research Stipend, I will complete the
requirements of the Stipend and will file 2 copies of my final report with the Department of
Nutritional Sciences (Rm. 266 Nutritional Science Building). I also agree that if I am unable to
complete the requirements of the Stipend, I will immediately return the Stipend awarded.

Students Signature:	Date:



Project Advisor Recommendation

Student	's Name:		
	Last r's Name:	First	Middle
I hereby w Recomme	vaive the right under the Family Educational and another than this is a permanent certify that this waiver is given voluntarily be a second control of the control of the certify that this waiver is given voluntarily be a second control of the certify that this waiver is given voluntarily be a second control of the certify that this waiver is given voluntarily be a second control of the certification.	nt waiver, revocable only upon writter	
Student	's Signature:		Date:
In accorda	completed by mentor: unce with the Family Educational Rights and requested.	Privacy Act of 1974 as amended, this o	document may be inspected by the
	Worth of project (sustainability, e of proposal, adequacy of procedure)		of completion, significance
b.]	Potential of participant and expect	ed performance:	
c.	Please comment on your available	time to supervise this projec	<u>:t:</u>
d.	In your opinion, is the equipment	budget and requested supplie	es justifiable?
	Mentor's Signature:		Phone:

Return this recommendation form to Scott Rankin, Rm. 266 Department of Nutritional Sciences, 1415 Linden Dr.

Department of Nutritional Sciences
College of Agricultural and Life Sciences



Review Recommendation

Student's Name:						
Reviewer's Name:	Last	First	Middle			
I hereby waive the right under the Fa Recommendation below. I understan- writer, and certify that this waiver is	d this is a permanent wai					
Student's Signature:			Date:			
SUPPLEMENTARY REC	COMMENDATIO	N FOR PROJECT				
To be completed by a prof In accordance with the Family Educa student if requested.			is document may be inspected by the			
<u> </u>	a. Worth of project (suitability, educational merit, feasibility of completion, significance of proposal, adequacy of procedures, etc.):					
	Potential of participant and expected performance (please circle one): i. Potential of participant:					
n Totellului or j	Exce	llent Above A	Average			
		age Below A	•			
ii. Expected per	ii. Expected performance of participant (please circle one):					
	Excel	lent Above A	Average			
	Avera	ge Below A	Average			
c. Additional Commen	ts:					
Professor's Signature:						
Office Location:			Phone:			

Return this Recommendation form to Scott Rankin, Rm. 266 Department of Nutritional Sciences, 1415 Linden Dr.

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