

**Office of Grants, Research and Sponsored Programs**

**Norton Undergraduate Research Scholarship Final Report**

Student Name:       Faculty Mentor Name:

 Project Dates:       to       Department:

Title of Project:

Funds applied to annual educational costs: Yes [ ]  No [ ]

Funds applied to cover research-related expenses of the project: Yes [ ]  No [ ]

 If yes, please provide the total amount spent:

Provide a brief summary of how this research contributed to the knowledge base of your discipline and how it supported the strategic initiatives of the University:

How will you use what you learned from this scholarship in your future career goals?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Please send this form to the Office of Grants, Research, and Sponsored Programs, 302 Old Main, or to Rachel via email, rachel.seminatore@sru.edu.