33RD ANNUAL CSU STUDENT RESEARCH COMPETITION

**STUDENT DELEGATE REGISTRATION FORM**

|  |
| --- |
| Personal Information |
| Name: |  |
| Address: |  |
|  STREET CITY STATE ZIP |
| E-Mail Address: |  | Telephone: |  |
|  AREA CODE NUMBER |
| Home Campus: | San Luis Obispo |  Faculty Mentor: |  |
| Degree objective when research was completed: Degree: |  | Major: |  |
| Class standing when research was completed: Undergraduate |  | Graduate |  |
| Are any disability accomodations or services needed (yes or no)? |  |  |  |
|  |

|  |
| --- |
| Category of Competition *(please indicate your preferred category and a second choice, if appropriate)* |
|  |  | Behavioral and Social Sciences |  | Engineering and Computer Science |
|  |  | Biological and Agricultural Sciences |  | Health, Nutrition, and Clinical Sciences |
|  |  | Business, Economics, and Public Administration |  | Humanities and Letters |
|  |  | Creative Arts and Design |  | Physical and Mathematical Sciences |
|  |  | Education |  | Interdisciplinary |
|  |

|  |
| --- |
| Program Information |
| Title: |  |  |
|  |  |  |
| Synopsis *(25 words or fewer)* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |

|  |
| --- |
| Audio-Visual Equipment Required |
| Please specify all audio-visual equipment needed to support your presentation. |
|  |  |  |
|  |  |  |
|  |