34TH ANNUAL CSU STUDENT RESEARCH COMPETITION

**STUDENT DELEGATE REGISTRATION FORM**

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| 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)? | | | | |  | | |  | | |  |
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| 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 |
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| Program Information | | | | |
| Title: | |  | |  |
|  |  | | |  |
| Synopsis *(25 words or fewer)* | | |  |  |
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| Audio-Visual Equipment Required | | |
| Please specify all audio-visual equipment needed to support your presentation. | | |
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