# 2018 Celebration of Scholarship & Creative Activity Submission Form

**Title of Entry as it Appears on Your Abstract:**

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**Contact Information:** Presentations with three or more presenters should list the additional presenter(s) and their contact information on a separate piece of paper and attach. If co-presenters are not listed, only the person listed as the presenter will be eligible for an award.

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|  | | | **Presenter 1** | | | | | | | | |  | **Presenter 2** | | |
| **Name:** | | |  | | | | | | | | |  |  | | |
| **Street Address:** | | |  | | | | | | | | |  |  | | |
| **City, State, ZIP:** | | |  | | | | | | | | |  |  | | |
| **Cell Phone:** | | |  | | | | | | | | |  |  | | |
| **Email Address:** | | |  | | | | | | | | |  |  | | |
| **Sponsoring Degree Program(s) or Department(s):** | | | | | | |  | | | | | | | | |
| **Are any presenter(s) participating on other entries?** | | | | | | | |  | | Yes | |  | | No | |
|  | **If yes, name and title of entry:** | | |  | | | | | | | | | | | |
| **Faculty co-author(s) on your research?** | | | | |  | Yes | | |  | | No | | | | |
|  | **If yes, name(s) of faculty co-author(s) and check involvement below:** | | | | | | | | | | | | | |  |
|  |  | Faculty member(s) collaborated equally in conducting and writing project/activity.  Faculty performed majority of project/activity and writing.  Student performed majority of project/activity and writing. | | | | | | | | | | | | | |

## Judging

Projects eligible for judging must have results/conclusions.

All recipients of Student/Faculty Collaborative Research grants and Small Grant awardees must be judged.

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| **Is your project/activity completed?** | | | |  | Yes | | |  | | | No, it is in progress. | | | | | | | | | |
| **Do you wish to be included in the judging process?** | | | | | | | | | |  | | | Yes | | |  | No | | |
| **Indicate Your Category:** |  | Arts/Humanities | | | |  | Sciences | | | | | | |  | Social Science/Business/Education | | |  | Nursing |
| **Student Classification:** |  | | Graduate Student | | | | | |  | | | Undergraduate Student  *(if multiple presenters, indicate classification for each)* | | | | | | | |

## Presentation Type

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|  | **Poster** – Must be present between 11 a.m. and 1 p.m. | | | |
|  | **Visual Art** – Must be present between 11 a.m. and 1 p.m. | | | |
|  | **Oral Presentation** – Select a presentation time from the two times listed below (we cannot guarantee your preferred presentation time, however). Ask your adviser to attend, if possible. | | | |
|  |  | 8:30 – 9:30 a.m. |  | 9:30 – 10:30 a.m. |
|  | **Performance Presentation** – Select a presentation time from the two times listed below (we cannot guarantee your preferred presentation time, however). Ask your adviser to attend, if possible. | | | |
|  |  | 8:30 – 9:30 a.m. |  | 9:30 – 10:30 a.m. |
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|  | **Presentation Description (if Visual Art or Performance Presentation):** | | | |
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**If your research involved collecting data from vertebrate animals or biohazardous materials, please provide IACUC or IBC protocol approval numbers. If not applicable, please state below.**

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**Please list any special needs or equipment. (If Visual Art Presentation, please indicate display space dimensions needed.)**

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| **Student Signature(s):** |  |

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| As faculty adviser, I have edited and approve my student’s abstract of 200 words or less and will approve poster content if this is a poster presentation. | | |
| **Faculty Adviser/Sponsor Signature(s):** |  | |
| **Print Faculty Name(s) and Department(s):** | |  |

**Faculty Adviser/Sponsor Email Address(es):**

**Return this completed form (faculty adviser/sponsor signature isrequired) and a hard copy of your abstract by March 1, 2018, to Susan Surendonk, Office of Student Research and Creative Activity, Dempsey 317. You must also email your abstract of 200 words or less (type “COSCA” in the subject line) to** [**osrca@uwosh.edu**](mailto:osrca@uwosh.edu)**.** **Make sure your abstract has a title and lists all presenter names and your faculty mentor and department (before the body of your abstract of 200 words or less). If you have co-authors who are not presenting with you but who you want to be included in the abstracts booklet, please clearly include co-authors’ names in your abstract.** *If you have questions call 920-424-1195 or email* [**osrca@uwosh.edu**](mailto:osrca@uwosh.edu)**.**

**2018 WiSys Quick Pitch at UW Oshkosh**

The 2018 WiSys Quick Pitch at UW Oshkosh is an optional competition that will take place during Celebration of Scholarship & Creative Activity on Thursday, April 26, 2018, from 1:30 – 3:30 p.m. Register online by **March 9** at <wisys.org/events/quickpitch>. A training workshop on April 3, 2018, from 4 – 6 p.m. is required. You will learn how to present your ideas in a way that anyone can understand in less than three minutes. Cash prizes will be awarded.   
For more information, contact Jennifer Cook at [Jennifer@wisys.org](mailto:Jennifer@wisys.org).

I plan to participate in the WiSys Quick Pitch competition (indicate co-presenters, if any, who will participate).

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| Quick Pitch competition co-presenters are: |



