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# 2020 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:** | | |  | | | | | | | | |  |  | | |
| **Home Phone:** | | |  | | | | | | | | |  |  | | |
| **Cell Phone:** | | |  | | | | | | | | |  |  | | |
| **E-mail Address:** | | |  | | | | | | | | |  |  | | |
| **Graduation Date:** | | |  | | | | | | | | |  |  | | |
| **Student ID:** | | |  | | | | | | | | |  |  | | |
| **Major/Year in School:** | | |  | | | | | | | | |  |  | | |
| **Hometown:** | | |  | | | | | | | | |  |  | | |
| **Campus (Oshkosh, Fond du Lac or Fox Cities):** | | | | | | |  | | | | | | | | |
| **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. | | | | | | | | | | | | | |

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

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## Judging

Projects eligible for judging must have results/conclusions (unless yours was a class project).

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

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| **Is your project or activity completed?** | | | | | | |  | | Yes | | |  | No, it is in progress | | |
| **Is your research part of a class assignment and**  **therefore eligible for the “Best Class Embedded”**  **award?**  **If “yes” above, my class is:** | | | | | | |  | | Yes | | |  | No | | |
| **Do you wish to be included in the judging process?** | | | | | | |  | | Yes | | |  | No (if “No” you won’t be eligible for award) | | |
| **Indicate Your Category:** |  | Arts/Humanities | |  | Sciences | | | | |  | Social Sciences/Business/Education | | |  | Nursing |
| **Student Classification:** |  | | Graduate Student | | |  | | Undergraduate Student | | | | | | | |
|  |  | |  | | |  | | *(if multiple presenters, indicate classification for* ***each****)* | | | | | | | |

**If your research involved biohazardous materials or collecting data from vertebrate animals, please provide IACUC or IBC protocol approval numbers. If not applicable, please state below.**

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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:** | |  |

**Return this completed form (faculty adviser/sponsor signature is required) and a hard copy of your abstract (of 200 words or less) by March 6, 2020, to Susan Surendonk, Office of Student Research and Creative Activity, Dempsey 317. You must also email your abstract as a Word document (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). 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 are off campus you may scan or send a picture of your completed form (with signatures) and email it to* [*osrca@uwosh.edu*](mailto:osrca@uwosh.edu)*, but please also email your abstract in Word format.*

Call (920) 424-1195 or email [osrca@uwosh.edu](mailto:osrca@uwosh.edu) if you have questions.