



## Faculty Sponsor Verification Form

Student Name: \_\_\_\_\_

Terms Requested:

- ☐ Fall \_\_\_\_\_
- ☐ Spring \_\_\_\_\_

ASP Project Title: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Faculty E-mail Address: \_\_\_\_\_

Faculty Department: \_\_\_\_\_

By signing this document, I confirm that I have agreed to sponsor the above student's Academic Scholar Program research project.

\_\_\_\_\_  
Faculty sponsor signature

\_\_\_\_\_  
Date