

**Emerging Scholars Program
Information Form**

Date: _____

Please provide as much of the following information as you can:

Student Information:

Name: _____ CWID: _____
(Last, First, Middle Initial)

Local Address: _____

City, State: _____ Zip: _____

Local Phone: _____ Email: _____

Major: _____ Classification: _____

How did you hear about ESP?

UNIV1001___ Friend___ Instructor___ Other: _____

Project Information:

Project Title and Description:

Professor's Name: _____

College: _____ Department: _____

Campus Phone: _____ Email: _____

Please write a brief paragraph why you would be interested in participating in the Emerging Scholars program. Please tell us about any previous experience you have had in collaborative learning environments.

**PLEASE RETURN THIS FORM ALONG WITH THE FACULTY INFORMATION FORM
TO MATT MCDONALD IN THE CLARKE M. WILLIAMS STUDENT SUCCESS CENTER**