

**Default Block** 

## STUDENT INFORMATION:

## When registering groups, please LIST THE PRIMARY CONTACT PERSON FIRST.

This person will receive all emails regarding your participation and will be responsible for supplying any other pertinent information for your group. This primary contact person will be the single point of contact with the CARS committee and is responsible for sharing all communications with all members of the group.

\*\*\*It is important to complete this application carefully and thoroughly.

Information provided may be copied and pasted into the CARS 2022 Program without editing for spelling, grammar, etc.\*\*\*

Student name(s) When including multiple students, please place a comma between names (List <b>primary contact person first</b> ):	een
Primary student contact's Nazareth email address:	

Academic major:

<ul> <li>Indicate whether you are an undergraduate or graduate student</li> <li>Undergraduate student</li> <li>Graduate student</li> <li>Both undergraduate and graduate students in our group</li> </ul>
Are you registering for the day or evening program? Day program is open to graduate and undergraduate presenters. Evening program is for graduate student presenters only.
O Day program O Evening program
What is the format of your participation during the day program?
<ul> <li>Paper Presentation</li> <li>Performance (dance, theatrical or musical)</li> <li>Poster Presentation</li> <li>SOARS Summer Research (by invitation only)</li> <li>CME (by invitation only)</li> <li>Honors Thesis (by invitation only)</li> <li>Interactive Activity (pre-approval required)</li> </ul>
Does this work demonstrate an Experiential Learning Pathway?  O Yes  O No

Which Experiential Learning Pathway best describes the work? (Check all that apply)

O Yes

If yes, which class? Please indicate course number and course title
What do you hope to gain or learn from presenting your work at CARS?
Have you previously presented at CARS?
O Yes
O No
If yes, what year(s)?
2012
<b>2013</b>
2014
<ul><li>□ 2015</li><li>□ 2016</li></ul>
<ul><li>□ 2018</li></ul>
2019
2020
2021
I don't recall

## **FACULTY SPONSOR INFORMATION:**

Faculty Sponsor's Name:

Department:
Faculty Sponsor's Email Address:
I have received my faculty sponsor's approval. (You MUST have a faculty sponsor to participate in CARS 2022).  O Yes
Additional comments or information you wish to share:
By completing this proposal form, I certify that I have read and agree to follow the

guidelines for the format of my participation.

O Yes

If accepted to participate in CARS 2022, I understand that my name and project information will be included in the CARS 2022 Program available online.

O Yes

Please click the final arrow to the right to submit your application.

Thank you for submitting your proposal. You will receive a confirming email after your proposal has been reviewed and accepted by the CARS 2022 committee.

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