

**SIGNATURE PAGE FOR THE CNUCOP STUDENT RESEARCH FELLOWSHIP PROGRAM**  
**(2026)**

**Student Agreement.** I certify that the information provided in this application is true. If I am selected for this program, I agree to provide a progress report of my research work and give a research presentation prior following the completion of the fellowship.

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

***Students must let potential faculty mentors know that they are interested in working with them and ask them to sign below (note that all potential mentors are aware that they have to sign this form, and that students may select more than one potential mentor):***

Potential faculty mentor #1:

Faculty name \_\_\_\_\_ Signature/date \_\_\_\_\_

Potential faculty mentor #2:

Faculty name \_\_\_\_\_ Signature/date \_\_\_\_\_