

Student Full Name:

## Colonial Academic Alliance Undergraduate Research Conference 2015 Drexel University Nomination Form

Contact Phone #:		Student Drexe	l Email:	@drexel.edu
Faculty Advisor Full	Name:			
Faculty Advisor Con	tact Phone #:			
Faculty Advisor Ema	ail:			
Has this work been	presented or pub	lished through other venues	? Yes	No
Please explain:				
Project Title:				
Project Abstract (ma	ax. 200 words):			
Please indicate you	r presentation pre	eference below:		
Poster Prese	entation	Oral Presentation	Either P Present	oster or Oral ation
	iday, March 27 – 🤄	ninated, he/she must attend Sunday, March 29). All stud		
Student Signature		Date		
Faculty Advisor Signatu		Date		

Please submit a scanned version (pdf document, with original signatures) to <u>our@drexel.edu</u>. Please indicate "CAA Abstract Submission" with student last name in the email subject line.