



## RESEARCH PROJECT CONSULTANT REQUEST FORM

High school students (grades 9-12) interested in participating in the Central NM Science & Engineering Research Challenge **Consultant Identification Program** must complete the following application for consideration. Students are not guaranteed a match with a consultant. However, every effort will be made to find a match if the following criteria are met by the student:

- ◆ The project area must be clearly defined.
- ◆ The student (not the teacher or parent) must commit to pursue contact with the consultant.
- ◆ The student must maintain communication with the STEM Education Outreach Programs regarding his/her consultant request.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Times to Call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Teacher E-Mail Address: \_\_\_\_\_

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

Is this a **CONTINUING** project?  YES  NO

If yes, is this...  Year 2  Year 3  Year 4  Year 5

If yes, please attach a **copy of your abstract(s)** from all prior years and a **description of where you want this year's project to go**.

Is this a **NEW** project?  YES  NO

If yes, please **attach a literature review** (minimum 2 pages) using at least three different reference sources.

If yes, **state your hypothesis** and **how you thing you want to go about trying to support your hypothesis** (attach separate sheets).

**List the field of expertise which best identifies the field in which you need help.**

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**What kind of help do you need from an expert consultant?**

- I need to ask a few questions on the design &/or procedures for my project/experiment.
- I need someone to review my research plan and provide me feedback/input.
- I need to get information.
- I want to work with an expert on a scheduled basis (regularly).
- I need a lab to use and assistance while in the lab.
- Other (please specify) \_\_\_\_\_

**I will commit to the following if my request for a consultant is filled:**

- ◆ I will make every effort to make initial contact with my consultant by phone or email within one week of getting his/her contact information.
- ◆ I will notify the STEM Education Outreach Programs office at 277-4916 if any problems occur.
- ◆ I will commit to working with my consultant if a match is found.
- ◆ I will be responsible for meeting all required due dates (if any) required by my teacher on my research project.
- ◆ I will have done some initial background research on my project BEFORE I submitted this application.

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**Student Signature (required)**

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**Date**

I approve of my child participating in this program and will support and encourage my child in this endeavor. I will also notify the STEM Education Outreach Programs office at 277-4916 immediately if any problems occur. I will allow my child to make the initial telephone or email contact with the consultant by him/herself. I am willing to find transportation for my child (if necessary) to meet with his/her consultant.

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**Parent/Guardian Signature (required)**

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**Date**

I approve of this student's participation in this program. I will notify the STEM Education Outreach Programs office if any problems occur.

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**Teacher/Sponsor Signature (required)**

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**Date**

*You may be required to attend an interview with STEM Education Outreach Programs staff to further discuss your project and goals. If so, an appointment will be made and emailed to you. If the date/time selected is not convenient, please call our office to reschedule.*

**Please send application to:**

**STEM Education Outreach Programs**  
MSC 02 1570 – Hokona Hall, Room 356  
1 University of New Mexico  
Albuquerque, NM 87131-0001  
(505) 277-4916