

# THE CEPO UNDERGRADUATE RESEARCH PROGRAM

## Cosponsored by Psi Chi, The National Honor Society in Psychology

The Committee for Equality of Professional Opportunity (CEPO) enables undergraduates to present their research at the SEPA annual meeting. For students this is a good way to meet faculty and students from other SEPA institutions. In addition to presenting and discussing their own research, participants can attend paper sessions, symposia, and workshops included on the SEPA program. If you are working on some research, an independent study, or completing a Senior Project/Thesis/Capstone project, please take advantage of this opportunity to present your work. A presentation at SEPA is an additional reward for your efforts and may give you the competitive edge in graduate school admissions. Highest priority will be given to students who are not presenting in other SEPA programs. The CEPO Undergraduate Research Program is limited to students graduating no earlier than December 2003. **Remember**, if accepted, you must register for the SEPA conference to present your research as part of this program.

Thank you for your help in continuing to make this a valuable and positive experience.

### Cochair

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### Postmark Deadlines

**Intent to submit research: October 1, 2003**  
**Abstract of research due: December 1, 2003**

**INSTRUCTIONS:** Please complete this form and mail it to Dr. Pamela Banks at the above address. Your submission of intent must be postmarked by **October 1, 2003, AND** must be accompanied by a **manila (8.5" x 11") self-addressed envelope affixed with two \$.37 postage stamps and a check payable to SEPA for \$10. The \$10 nonrefundable application fee is required to cover administrative costs and the printed booklets containing accepted abstracts.** (The \$10 fee is also in addition to the SEPA convention registration fee.) Within two weeks after it has been received, information about preparation of the abstract (which will be due December 1, 2003) will be sent to the submitter(s). In January, all abstracts will be considered for presentation in a masked (or "blind") review process. **Late submissions and those not in the correct format will not be considered for the program.**

Name of student researcher(s): \_\_\_\_\_

College/university affiliation: \_\_\_\_\_

Address of principal student researcher: \_\_\_\_\_

Phone number of principal student researcher: \_\_\_\_\_

E-mail of principal student researcher: \_\_\_\_\_

Title of research: \_\_\_\_\_

Name of faculty advisor working with the student: \_\_\_\_\_

Address, phone number, e-mail of the faculty advisor: \_\_\_\_\_

Signature of the faculty advisor (*this indicates that the faculty advisor has reviewed this form and will be supervising the student research*): \_\_\_\_\_