

# Undergraduate Research Opportunities Program

## Verification of Completion

**Note:** This form must be completed by the faculty mentor and submitted to the UROP Office as one of the four final requirements for a UROP project to be completed.

Student's Name \_\_\_\_\_ College \_\_\_\_\_

Faculty Mentor's Name (please print) \_\_\_\_\_;

### To be signed by the Faculty Mentor:

I verify that \_\_\_\_\_ has made satisfactory progress on his/her UROP project and can be paid the final scholarship payment of \$700. The student has worked approximately 120 hours on the project.

Comments:     
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\_\_\_\_\_  
Mentor's Signature and date

\_\_\_\_\_  
Mentor's e-mail address

**Return to:** Swenson College of Science and Engineering  
Student Advising and Academic Services Office  
140 Engineering Bldg  
1303 Ordean Ct  
Duluth, MN 55812

<b>For UROP Office Use Only:</b> UROP Office Approval _____ Date _____  Amount to be transferred _____
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