**URB: Vote Record Form**

***Note:*** *Please fill the form electronically.*

|  |  |
| --- | --- |
| Name of URB Member | Click here to enter name. |
| Current Rank | Choose a rank. |
| Member Since | Click here to enter a date. |
| College/ Department | Department of in Choose College |
| Email/Telephone Number | Click here to enter text. |

1. **Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant | Click here to enter text. | | |
| Type of Application | Choose an item. | | |
| Title of Research | Click here to enter Research Title | | |
| Title of Journal (If Applicable) | Click here to enter text. | | |
| Conference Title (If Applicable) | Click here to enter text. | | |
| Start Date | Click here to enter a date. | End Date | Click here to enter a date. |
| Application Received on | Click here to enter a date. | | |

1. **Details of Application:**
2. **Evaluation of Application:** *(Use additional paper if necessary and attach it with the form)*

|  |  |  |
| --- | --- | --- |
| Recommendation |  |  |
| If Approved, State Strength of Application | | |
| Click here to enter text. | | |
| If Rejected, State Reasons for Rejection | | |
| Click here to enter text. | | |

1. **Signature of URB Member:**

|  |  |
| --- | --- |
| Name | Date |
| Click here to enter text. | Click here to enter a date. |
| Signature | |
|  | |