Application for Departmental Research Support

APPLICANT INFORMATION

Last Name: ______________________________  First Name: ______________________________
Banner ID: ________________________  Phone: ______________________________  Email: ______________________________

EXPENSE INFORMATION

Total funds requested: $______________
Total funds pledged from Major Advisor $______________
Total funds received from other sources $______________

Describe efforts made to secure funding from other sources:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

JUSTIFICATION

Describe why the funds are needed and detail how they will be used:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

APPLICANT CERTIFICATION

Applicant Signature: ______________________________  Date: ________________
Advisor Signature: ______________________________  Date: ________________

Return this form to the Department Head.

Do Not Write Below This Line

Date Submitted: ________________
Department Head Signature: ______________________________
Approved: Yes ______  No ________