RESET FORM

APPLICATION FOR COMPETITIVE GFE AWARD

College/School _____ Department _____

Faculty Contact _____ Phone _____

Brief Description of Request (*Must be directly related to support of University's Instructional Program.*)

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Amount of Request $ _____

Recommended:

_____
Department Head

_____
Dean

Approved:

_____
Provost

Amount of Award $ _____

11/04