

Graduate Student Research Funding Request - CDIS

(CDIS Students Only)

Name: _____

Address: _____

Phone No.: _____

Student # _____ Phone _____

Presently working on _____ Ph.D. _____ M.S. _____ Bridge

Title of Project: _____

Is this for a thesis or dissertation? No _____ Yes, thesis _____ Yes, dissertation _____

Alternative Sources of Support:

Have you applied for funds from the College of Health & Human Services Pillars Program?

No _____ Yes _____ Describe outcome:

Please list any other funding for this project that you have applied for or received:

Budget:

Item(s) for which funds are being requested. Please be specific. Attach information to support dollar amounts as appropriate (e.g., vendor quotes, web catalog pages, etc.):

Justification:

In an attached narrative of one page or less, please describe how this funding is important for your project success, and attach a letter of support from your faculty research mentor/advisor.

Attachments Checklist

Please note: Failure to provide requested information will delay processing of your application.

Narrative _____

Letter of support _____

Budget _____

Documentation supporting budget _____

Signature: _____

Date: _____

Department Decision

Approved in the amount of _____

Signature _____

Date _____