

CAS GRADUATE RESEARCH GRANT APPLICATION

Date: _____

Extension: _____

Name: _____

E-mail Address: _____

Department/Campus Address: _____

Dates when research will be conducted: _____ To _____

This research is for: ☐ PhD dissertation; ☐ Master's thesis; ☐ Other (explain below).

Description of research project:

Why do you need special funds to carry out this project?

Other sources of support (please estimate the amount that each is providing). College of Arts and Sciences expects to cost-share with departments, ordinarily on a 50/50 basis.

Chairperson's Signature

Date

Please attach a budget for your project and a letter of support from your faculty research advisor. Send completed application to the Office of Research and Graduate Programs, 280 Maginnes.