

**GRADUATE SCHOOL**  
**RESEARCH GRANTS FOR GRADUATE STUDENTS**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

SIUE Email: \_\_\_\_\_ **Requested Amount** (not to exceed \$500): \$ \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Cumulative SIUE GPA: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Earned Graduate Credit Hours: \_\_\_\_\_

Project Title: (attach abstract on a separate page)

Nature of Project (check one)    ☐ Thesis or final project                      ☐ Other Research Project

Is this a resubmission (check one)    ☐ Yes. If yes, previous application date: \_\_\_\_\_                      ☐ No

**COMPLIANCE** (Please check if your project involves any of the following):

☐ Animal Care    ☐ Biosafety    ☐ Hazardous Waste    ☐ Human Subjects    ☐ Radiological Safety

**CHECKLIST**

☐ Background and Significance

☐ Procedure/Methodology

☐ Budget Narrative

☐ Budget Request

☐ Major Advisor/Mentor and Program Chair Signatures

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT CERTIFICATION AND APPROVAL**

*By signing below, I certify I have evaluated the significance, appropriateness, and feasibility of the proposal, determined the proposal is meritorious, the budget is appropriate, and approve this proposal for funding consideration.*

Major Advisor (Printed Name)

Major Advisor Signature

Date

Department Chair (Printed Name)

Department Chair Signature

Date