

**THE GRADUATE SCHOOL
RESEARCH DOCTOR STUDENTS APPLICATION COVER SHEET**

PRINT NAME	Student Number	Date	Email Address
Department Name		Dept. Campus Box	Requested Amount
Project Title			
Nature of Project (check one)		Is this a resubmission? (Check one)	
<input type="checkbox"/> Thesis or final project		<input type="checkbox"/> Yes. If yes, previous application date: _____	
<input type="checkbox"/> Other research project		<input type="checkbox"/> No	
Cumulative SIUE GPA:		Earned Graduate Credit Hours:	
Expected Date of Graduation:		Applicant's Signature:	

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

Animal Care
 Biosafety
 Hazardous Waste
 Human Subjects
 Radiological Safety

Project Summary (No more than 300 words. You may attach an additional page.)

DEPARTMENT CERTIFICATION AND APPROVAL

By signing below, I certify I have reviewed the applicant's proposal, have verified the GPA and Earned Graduate Credit Hours reported by the applicant, and approve this proposal for funding consideration.

Major Advisor (Printed Name)	Major Advisor Signature	Date
Department Chair (Printed Name)	Department Chair Signature	Date