RESEARCH GRANTS FOR GRADUATE STUDENTS | **2008-2009**

Application Cover Sheet | Deadlines 10/1/08 or 2/4/09

NAME	Student Number	Date:	Electronic Mail Address

Home Town	Mailing Address

Department Name	Dept. Campus Box	Requested Amount:

Project Title

Nature of Project (check one)	Is this is a resubmission? (Check one)
❑ Thesis ❑ Other Research Project	❑ Yes If yes, when did you previously apply for the award_____ ❑ No
Expected date of graduation	Student's Signature:

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

❑ Animal Care	❑ Biosafety	❑ Hazardous Waste	❑ Human Subjects	❑ Radiological Control

Project Summary (No more than 300 words)

APPROVALS

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

FOR GRADUATE SCHOOL USE

GPA____ Earned Hours_____ Reviewed_____

Approved _____ Not Recommended _____

RPAB Chair Signature _____ Date _____

Project Begin Date _____ Final Report Due Date _____