OFFICE OF THE PROVOST
RESEARCH GRANT APPLICANT

Name of Applicant Signature Degree Rank Faculty/Dept.

_____

Name of Co-Investigator(s):

_____

_____

Project
Title:

New Renewal (circle one)
Starting Date _____
Ending Date _____
Total Requested Budget _____
Number of URB funded research grants for the past five years – give dates _____

_____

Time Distribution of Research Activities:
Department _____%
Other Depts _____%
Field Work _____%

Please attach
a) Complete proposal & budget
b) Abstract of proposal
c) Progress report (if applicable)
d) Updated C.V.

1. DEPARTMENT CHAIRPERSON

The attached project is significant and is compatible with the academic programs of the Department/Unit.

Signature Date

2. RESEARCH COMMITTEE CHAIRPERSON

The attached project has been reviewed and approved by the Faculty/Division Research Committee.

Signature Date

3. DEAN/DIRECTOR

The proposed research is consistent with the scholarly objectives of the Faculty/Division.
Comments:

Signature Date

4. URB RECOMMENDATION ADMINISTRATION

Provost

Date