

# Application for Departmental Research Support

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Banner ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EXPENSE INFORMATION

Total funds requested: \$ \_\_\_\_\_  
Total funds pledged from Major Advisor \$ \_\_\_\_\_  
Total funds received from other sources \$ \_\_\_\_\_

Describe efforts made to secure funding from other sources:

---

---

---

## JUSTIFICATION

Describe why the funds are needed and detail how they will be used:

---

---

---

---

---

## APPLICANT CERTIFICATION

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

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the Department Head.**

---

**Do Not Write Below This Line**

Date Submitted: \_\_\_\_\_  
Department Head Signature: \_\_\_\_\_  
Approved: Yes \_\_\_\_\_ No \_\_\_\_\_