

# STUDENT RESEARCH FUND REQUEST FORM

**ALL ADDITIONAL DOCUMENTATION (as outlined in the guidelines)  
MUST BE ATTACHED TO THIS FORM WHEN IT IS SUBMITTED.**

Student Name UCA email UCA ID #

Major Field of Study Undergraduate Graduate

Faculty Mentor Name & Dept. Dept. Administrative Contact Name

Project Title

Project/Travel start date Project/Travel end date Conference Travel? Yes No

Supply/Equipment Projected Purchase dates **TOTAL BUDGET**  
(must match budget submitted)

	NAME	SIGNATURES (Digital signatures allowed)	DATE SIGNED	CONTRIBUTION AMOUNT (\$)
<b>Student</b>				
<b>Faculty Mentor</b>				
<b>Dept. Chair</b>				
<b>College Dean</b>				
<b>Other Sources</b>				
<b>Graduate Dean</b>	Dr. Angela Barlow			
<b>TOTAL</b>		<b>NOT TO EXCEED BUDGET TOTAL</b>		

If Applicable, check boxes for approvals received  
(a copy of the approval letter must be attached)

- Institutional Review Board (including exempt & expedited)
- Animal Care/ Use Committee
- Radiation Safety Committee

*Graduate Office Use Only*

Current GPA \_\_\_\_\_ on \_\_\_\_\_ hours

Enrolled in \_\_\_\_\_ hours for \_\_\_\_\_ term

Date Received Stamp Here