

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 total on budget form)

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

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
- Not Applicable

Date Received Stamp Here

Graduate Office Use Only

Meets minimum gpa requirement? Yes No

Emailed decision to the Dept. _____

Notes to the Dept. _____
