Request for Funds to Support Student Travel Involving Undergraduate Research/Creative Activity

Dr. Kumer Das, Director, Office of Undergraduate Research (OUR)

(PLEASE PRINT)

Name of Student Applicant: ____________________________________________________________

Local Contact Information: Phone ___________________ E-Mail ___________________________

Class Rank and Major: __________________________________________________________________

Name/Department of Faculty Mentor/Supervisor (if any): ___________________________________

Purpose of Travel: _____________________________________________________________________

Title of Presentation: __________________________________________________________________

Dates of Travel: From: ___________________ To: ___________________

Amount requested from OUR: _______________ Total amount requested: _______________

The following materials must be attached:

___ A written description of the project/activity, including (as appropriate) goals, hypotheses, methods, materials, risk to human or animal subjects, personnel involved (as teachers, supervisors, co-investigators), curriculum, schedule of activities, and/or the significance of the project/activity.

___ A detailed budget, describing all costs associated with the project or activity and the specific amount of money requested (not to exceed $500). Please describe all other funds that have been requested and/or pursued along with the source (e.g., department, college, personal, other organizations).

   • All application materials must be submitted by the student to the Office of Undergraduate Research (OUR), Chemistry Building—Room 115A, at least four weeks prior to the commencement of the activity for which funds are requested.
   • A written report including receipts and other documentation of the expenditure of the funds must be submitted within two weeks of completion of the project or activity supported.
   • All required university paperwork must be completed and submitted in a timely manner (e.g., travel forms, purchase requisitions). See Ms. Antoinette Henry in the Chemistry Building—Room 115A for questions and/or assistance.

Signatures:

______________________________________________________________________________  ____________________________________________________________________________
Student/Date                                      Mentor/Project Supervisor/Date

______________________________________________________________________________
Department Chair Date                           Account #                           Pledge Amt.

______________________________________________________________________________
Dean Date                                       Account #                           Pledge Amt.

______________________________________________________________________________
OUR Director Date                               Account #                           Pledge Amt.

For Office Use Only:

Date Received: ______  Amount of Support Awarded: ____________  Date Post Report Received: ______

May 2017