

If Lamar student employee, please check here \_\_\_\_\_



# OFFICE OF UNDERGRADUATE RESEARCH LAMAR UNIVERSITY

## 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: \_\_\_\_\_