



Graduate Student Research Award Application Form

Title of project: _____

Nature of project (eg, thesis): _____

Total amount requested: _____

Have you received a CEHS Graduate Student Research Award in the past? ____ Yes ____ No

Student name: _____ Department: _____

Student email address: _____ Project start date: _____

Student signature: _____ Date: _____

List and order of elements to include in the application (please compile into a single PDF file):

- 1) This application form, complete with all signatures;
- 2) Overview of the proposed research project (1-page maximum);
- 3) Itemized/detailed budget and justification (please only request funds necessary to complete the research study);
- 4) Copy of IRB or IACUC approval to conduct the research.

Advisor name: _____

Advisor email address: _____

Advisor signature indicating that 1) the student is in good standing within their program, 2) the project has been approved by the student's training committee or program, and 3) they are committed to supporting the completion of this project:

_____ Date: _____

Department Head name: _____

Department Head email address: _____

Department head signature indicating that the department 1) agrees to provide a 50% match to arrive at the total funds requested as indicated above and 2) endorses the project in cases where a training committee does not exist to approve of the proposed research project:

_____ Date: _____