Completed forms should be forwarded to Jennifer Kelley, Department of Chemistry LSF 303F.

|  |  |
| --- | --- |
| **Faculty Member**: | Click here to enter text. |
| **Faculty e-mail**: | Click here to enter text. |
| **Title of Proposed Project**: | Click here to enter text. |
| **Number of students involved**: | Click here to enter text. |
| **Project begin date**: | Click here to enter text. |
| **Project end date**: | Click here to enter text. |
| **Project Location**: | Click here to enter text. |
| **Total Project Cost**:  | Click here to enter text. |

|  |
| --- |
| **Brief Project Description**: |
| Click here to enter text. |

**Detailed Budget**:

|  |  |
| --- | --- |
| **Description** | **Amount** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
|  | **Total:**Click here to enter text. |

Grant applications that involve international travel require review by the International Studies Program.

Dean/Department Chair Signature: Signature of Faculty Member Making Request:

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_