

LA&S Faculty Research Support Initiative Application

Name: _____ Rank: _____

Tenured _____

Department: _____ Non-tenured _____

Telephone extension _____ E-mail address _____

Insert the year for the semester for which you are applying: Fall _____ Spring _____

Title of Research Project: _____

Have you received prior funding through this award? Yes ___ No ___ If yes, indicate semester and year and attach a copy of your progress report.

Have you received other funding to support this project? Yes ___ No ___ If yes, indicate source(s) and amount(s) received:

Briefly describe your research project or attach an abstract:

Briefly describe how you will utilize the student assistant:

Indicate work location for student and arrangements for access. (Student assistants will not be issued keys and should be scheduled during hours that buildings are open and supervision is available.)

Applicant's Signature/Date

Department Chair's Signature/Date