Neuroscience Program

STUDENT RESEARCH FUNDING REQUEST

NAME:				ID#:		Major:
Senior?		**Non-Senior?**		**Grad Term:**	**Research Adviser:**	
Title of project:						

TOTAL Funds requested: $ _____   **Advisor Signature:** _____

Program Director Signature: _____   **Date:** _____

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1. Have your <u>adviser</u> sign this form approving your budget request

2. Submit your request to the <u>Neuroscience Program Director</u>
SEE PROGRAM WEBSITE-FOR DUE DATES.

Include each of the following with your application:

> ➤ Up to one-page project description.
> ➤ This form, including itemized budget.

When do you expect to complete your research? term/year_____

Are you planning to do a thesis? ◯ Yes, in _____ (term) ◯ No ◯ Unsure

> **The Current Neuroscience Program budget limit our funding to about $500-1000 per student.**
> **Seniors should also apply for funding from the URO's Senior Research Project Supplement.**
> Deadlines for applications **up to $1200: are listed on the website.** Applications for up to $350 are accepted throughout the academic year. The *Program will consider funding amounts not covered by SRPS.*

ITEMIZED BUDGET

Description and Size (e.g., 250 µl, 5 L, 10 mg, Pack of 25, Case of 1000, Box of 12). *For mileage:* enter total miles traveled and use current IRS standard mileage rate	Cost per unit	How many?	Total cost with shipping