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: _____ **Approved amount:** _____

1. Have your adviser sign this form approving your budget request

2. Submit your request to the Neuroscience Program Director

Rolling Deadline--applications will be reviewed in the order that they are received.

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 limits our funding to $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 Neuroscince 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**