Biology Department/Neuroscience Program

STUDENT RESEARCH FUNDING REQUEST

NAME:				ID#:	Major:			
Senior?	Non-Senior?	Grad Term:		Research Adviser:	<u> </u>			
Brief title of project:								
TOTAL PI	ROJECT COST*:	\$	Advisor Sig	nature:				
* Total project cost is the money you need to successfully complete your independent project or thesis. This may or may not include general supplies, depending on the lab you're working in. Once your project's total budget has been approved by the Department Chair/Program Director, regardless of funding source(s), the department/program will ensure you have sufficient funding, and you may begin spending.								
Departme	ent Chair/Program iignature:			Date:				
NOTES:								
l. Have yo	our <u>adviser</u> sign this	form approving y	our budget i	request				
2. Submit your request to the Biology Department Chair/Neuroscience Program Director SEE DEPARTMENT/PROGRAM WEBSITE- (INDEPENDENT STUDY) FOR DUE DATES.								
nclude ea	ch of the following	with you applicat	ion:					
	\square Complete this for	m, with advisor's	signature.					
	\square Itemized budget-	–use the templat	e below.					
	Up to one-page p	•						
	\square Up to one-page by you expect to complete.			ır				
•	anning to do a thesi	•	(term		ire			
*Seniors must apply for full funding from the <u>URO's Senior Research Project Supplement</u> . Deadlines for applications up to \$1200: are listed on the website. Applications for up to \$350 are accepted throughout the academic year. The <i>Department/Program will consider funding amounts not covered by SRPS</i> .								
			=		ts and other sources) and			
any fundir	ng you are requestin	g from SRPS and	the Departn	nent/Program.				
Funding	g Sources			Amount	Awarded (Leave blank)			
☐ SRPS SRPS)	5, Seniors only (Reques	t full project cost fro	m \$					
☐ Faculty research grant			\$					
☐ Othe	er (Explain)		خ ا					

☐ Amount requested from Department/Program: | \$

From the total cost, deduct grant funding and awarded or planned funds from SRPS	
TOTAL COST OF PROJECT (all funding sources)	\$

ITEMIZED BUDGET

Description and Size (o.g. 250 ul. 51, 10 mg				
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 (request from Biology/Neuroscience, not SRPS which pays a lower rate)	How many?	Cost per unit	Total cost	Funding source: Faculty grant, Other grant, SRPS, or Dept./Prog.

Add additional pages as needed.

TOTAL COST OF PROJECT (should be the same as cover page):