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 PROJECT COST*: \$ Advisor Signature:								
* 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.								
Department Chair/Program Director Signature:				Date:				
NOTES:								
1. Have yo	our adviser sign this	form approving yo	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 applicati	on:					
	☐ Complete this for	m, with advisor's	signature.					
	\square Itemized budget-	use the template	e below.					
	\square Up to one-page p	-						
	Up to one-page b							
·	you expect to comp	•						
are you pi	anning to do a thesi	sr ⊔ res, in	(term) □ No □ Unsu				
*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> .								
	le below, list all func		' -		ts and other sources) and			
,	<u> </u>	g ITOITI SIKES and t			Accorded			
Funding	g Sources			Amount	Awarded (Leave blank)			
☐ SRPS SRPS)	S, Seniors only (Reques	t full project cost fro	m \$					
☐ Faculty research grant			\$					
☐ Othe	er (Explain)		ς .					

☐ 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):