

EASTERN MICHIGAN UNIVERSITY
Graduate Studies and Research
GRADUATE STUDENT RESEARCH SUPPORT FUND
Application

Please print/type your responses.

Name: _____ Student Number _____

Mailing Address: _____
Street Address City State Zip

E-mail Address: _____

Phone: (home) _____ (work) _____

Program of Study: _____ Department: _____

Degree Sought _____ Anticipated date of graduation: _____

Number of credits for which you are currently enrolled: _____

Research Information

Title of Project: _____

_____ Dissertation

_____ Thesis

Provide the following information on a separate page attached to this application form.

- What are the estimated costs for which funds are being requested? Provide an itemized budget and a brief rationale for each item.

Total funding requested \$ _____

- Provide a timeline for study completion.
- Attach a copy of the study prospectus/proposal, visual portfolio, project summary, or similar document that explains the proposed work.
- If Human Subjects approval is needed and has been granted, please submit copy of acceptance. A copy of approval must be submitted to the Graduate School before funds can be released.

Applicant: _____ Date: _____
Signature

Graduate Advisor: _____ / _____ Date: _____
Signature Print Last Name

