

**Student Government Association
Undergraduate Research Funding Application
2010**

Research Expense Line Budget:

Item	Cost
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____

I have reviewed this request for funding and will monitor the student's use of any funds awarded.

Faculty Advisor's signature _____ Date _____

***The maximum award for research funding is \$450, pending availability of funds.
*Funds cannot be awarded for personal items (computers, printers, office equipment, etc).**

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Any publication or presentation of the supported work must include recognition of said support. If you have any questions, contact the Office of Student Life at 392-5782.

I acknowledge that the information provided in the Research Funding Application and attached documentation is correct.

Student's signature _____ Date _____

I acknowledge that this student is conducting academically sound research in his/her field. I also acknowledge he or she is a matriculated student in good academic standing.

Department Chair's signature _____ Date _____

Please submit to: Denise Bentley-Drobish
Director of Student Life
Adanti Student Center Room 213
501 Crescent St.
New Haven, CT 06515

For Office Use Only

Date Received: _____	Date Reviewed: _____	Reviewer's Initials: _____
Application Approved: Yes No	Amount Approved: _____	
Amount Awarded: _____		