

# Application for VIGRE Undergraduate Research Funding

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Research Supervisor's name: \_\_\_\_\_

Research Project Topic: \_\_\_\_\_

Research Project Dates: \_\_\_\_\_

Requested Maximum Project Amount (\$500 – \$2000 max): \_\_\_\_\_

Short description of the research (use back or attachments if necessary):

What preparation have you had for doing this project? (e.g., courses, independent study with the supervisor listed above)

By signing this form, both the student and the research supervisor have agreed to work together on the research described above.

\_\_\_\_\_  
Student's signature Date

\_\_\_\_\_  
Research Supervisor's signature Date

\_\_\_\_\_  
VIGRE Committee Approval Date

*Please return this form to the Student Services Office, Padelford C-36.*