Application for RTG
Undergraduate Research Funds

Name: __________________________________________

Email address: _______________________________________

Expected graduation date: _______________________________________

Research supervisor: _______________________________________

Research topic: _______________________________________

Research project dates: _______________________________________

Requested amount (units of $500): _______________________________________

Short description of research:

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

_________________________________________        Date
Student’s signature                          

_________________________________________        Date
Research Supervisor’s signature

_________________________________________        Date
RTG approval

*Please return this form to Jim Morrow, Padelford c439*