

**Research, Service, and Educational Leadership (RSEL) – Full Grant**

**APPLICATION COVER SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PROJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Project category (check one) | | | | | | | | | | | | | | | |  | Research | | | | | |  | | Service | | | | | | |  | Educational Leadership | | | | | | | | | | | | | |
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| Title of Project | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name | | |  | | | | | | | | | | | | | | | | | | Cell # | | | | |  | | | | | | | | Email | | |  | | | | | | | | | |
| Program | | | |  | | | | | | | | | | | | | | | | Program start date | | | | | | | | | |  | | | | | | Anticipated graduation date | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you received other funding from Graduate Studies? | | | | | | | | | | | | | | | | | | | | | |  | | No | | | | | | | | | | | | | | | |  | Yes | | | | | | |
|  | | * If yes, indicate amount, date, & purpose | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| GRADUATE FACULTY ADVISOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | Email | | | |  | | | | | | | | | | | | | | | |
| Campus address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Department | | | | | | |  | | | | | | | | | | | |
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| SYNOPSIS OF PROPOSED PROJECT *(10 pt font, do not exceed space provided)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| GRANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Grant Period: | | | | | Project start | | | | | | |  | | | | | | End date | | | |  | | | | | | | Total amount requested ($2500 max) | | | | | | | | | | | | | |  | | | |
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| Compliance with Regulations: *Check yes or N/A (not applicable) for each compliance review area.* ***A failure to check yes or N/A in any of the four areas will result in immediate funding denial.*** *The student and faculty advisor are responsible for completion of compliance requirements.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Human subjects | | | | | | | | |  | yes | | |  | | N/A | | | | | | | * Hazardous biological materials | | | | | | | | | | | | | | | |  | yes | | |  | | N/A | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Animal care | | | | | | | | |  | yes | | |  | | N/A | | | | | | | * Hazardous chemical materials | | | | | | | | | | | | | | | |  | yes | | |  | | N/A | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIRED SIGNATURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Applicant signature | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Graduate faculty advisor signature | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Graduate program director | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | |