

**ASMSU-BILLINGS UNDERGRADUATE/GRADUATE STUDENT RESEARCH**

**Application for Funding**

1. NAME \_\_\_\_\_  
SCHOOL I.D. NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE(S) \_\_\_\_\_
2. Number of credits you are enrolled in this semester. \_\_\_\_\_
3. Please indicate the title of your research project:
4. Information on your project – Describe rationale and objectives of the study to be done and expected outcomes. Describe what you want to do, why you want to do it, and what you wish to accomplish.

5. Indicate your budget (total amount you will need for this project and the total amount you are requesting from the U/GSRC).

Total cost of project \$ \_\_\_\_\_

Total amount requested from U/GSRC \$ \_\_\_\_\_

6. Please explain and justify your budget amounts. The committee will ask you to explain in depth each proposed expenditure. "Miscellaneous expenses" is not considered to be an appropriate expenditure.

7. Direct costs to carry out research project (attach additional sheet if necessary).

ITEM	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

8. List any other financial support (**source and amount** of funding) for this project.

9. Indicate your proposed timeline for this project.

10. Are you doing this work for credit? \_\_\_\_\_

11. If yes, how many credits and in what semester will you be doing the work.

12. List the name, department, and telephone number of a faculty member who is sponsoring this project. A letter of sponsorship from the faculty member must be attached to this request.

Faculty Member	Department	Telephone
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13. Any student project involving research using either humans or animals as research subjects must include as an attachment the approval protocol from the appropriate college committee. Check below.

- No human or animal research
- Human subject research
- Animal research

**NOTE: Information and protocol form may be obtained from the Office of Graduate Studies, McMullen Room 200.**

**REMEMBER TO ATTACH APPROVED ANIMAL CARE OR APPROVED HUMAN SUBJECTS PROTOCOL. YOUR PROJECT WILL NOT BE CONSIDERED IF YOU DO NOT HAVE THESE ATTACHMENTS.**

14. TRAVEL

Mode of travel \_\_\_\_\_ Destination \_\_\_\_\_

Exact dates of when you leave and when you will be returning:

Leave \_\_\_\_\_, \_\_\_\_\_ A.M./P.M.  
                     Date                      Time

Return \_\_\_\_\_, \_\_\_\_\_ A.M./P.M.  
                     Date                      Time

Estimated costs of travel and associated expenses:

Transportation	\$ _____
Meals	\$ _____
Lodging	\$ _____
Other (i.e. registration fees, etc)	\$ _____
	\$ _____
	\$ _____

**TOTAL** \$ \_\_\_\_\_

**A COPY OF PROGRAM, CONFERENCE, OR LETTER OF ACCEPTANCE MUST BE ATTACHED IF TRAVELER IS TO MAKE A PRESENTATION.**

15. Publication Costs:

<b>DESCRIPTION</b>	<b>AMOUNT</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	<b>\$ _____</b>

16. Other costs not covered in #7, #14 and #15.

<b>DESCRIPTION</b>	<b>AMOUNT</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	<b>\$ _____</b>
<b>TOTAL COST (sum of #7, #14, #15, and #16)</b>	<b>\$ _____</b>
<b>TOTAL AMOUNT REQUESTED FROM THE U/GSRC</b>	<b>\$ _____</b>

**ATTACHMENTS – BE SURE TO INCLUDE THE FOLLOWING IF APPLICABLE:**

1. Letter of Sponsorship from Faculty Member
2. Approved Animal or Human Protocol
3. Copy of Program, Conference, or Letter of Acceptance

**IF YOUR APPLICATION IS NOT COMPLETELY FILLED OUT, YOU WILL NOT BE CONSIDERED FOR FUNDING.**

Email completed application to [asmsub@msubillings.edu](mailto:asmsub@msubillings.edu).