

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.

- Total cost of project \$_____
- Total amount requested from U/GSRC \$_____

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

[illegible]

9. Indicate your proposed timeline for this project.

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

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:

[illegible]

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

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

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 asmsubec@msubillings.edu.