



College Research Enhancement Funds

Faculty Teaching & Scholarship/Creative Activities

Cover Page

Application: (Please check one) Individual Group

Date: _____ For the Period: _____ To: _____

Name of Principal Applicant: _____

Name of Co-Applicant(s): _____

Title or Subject of Proposal:

Recommended Approval for \$ _____ Denied

Committee Representative Signature: _____ Date: _____

Approved for \$ _____ Denied

Dean's Signature: _____ Date: _____



Faculty Teaching and Scholarly/Creative Activities

APPLICATION FOR RESEARCH FUNDING

(Please Type)

1. Title or Subject of Proposal: _____
2. Proposed Period of Project: From: _____ To: _____
3. What is the value of the project to the individual faculty member(s), college faculty or the teaching area(s)?

- 4 . Describe the proposed project. Include a description of planned activities and the outcomes expected from them (you may include an attachment).

5. References (if appropriate): _____

6. Proposed work schedule: Be specific, including how much time you expect to spend daily working on the project. Give an approximate completion date.

7. **Budget:** Itemize specifically. Do not inflate your figures beyond what you actually expect the cost to be.

Requested: _____

A. Wages for Applicant(s): _____

Wages for Student Assistant(s): _____

Other: _____

B. Equipment: _____

C. Expendable Supplies: _____

D. Travel: _____

E. Other Expenses: _____

F. Total: _____