

Graduate Student Affairs Committee

Research Funding Application

Must be submitted by November 1st for fall semester & April 1st for Spring semester

Name: _____ SCSU ID#: _____ Date: _____

Department: _____ Expected Degree: _____

Registration Status (*check one*): Full time Part time

Anticipated graduation date: _____
(month) (year)

Local Address: _____ Permanent Address: _____

Day Phone #: (_____) _____ Evening Phone #: (_____) _____

Have you previously been approved for GSAC funding? Yes No

If yes, when and how much? _____

Total Amount Requested: \$ _____

Have you applied for or received any other aid or award for this research (*check one*)? Yes No

If yes, list amount(s) and source(s):

Amount	Source	Check One		
\$ _____	_____	Pending <input type="checkbox"/>	Received <input type="checkbox"/>	Denied <input type="checkbox"/>
\$ _____	_____	Pending <input type="checkbox"/>	Received <input type="checkbox"/>	Denied <input type="checkbox"/>

To be considered for Research Funding, applications MUST include:

1. A research description and proposal (including the current status of project).
2. A letter of approval and/or endorsement from your graduate research advisor.
3. A letter of support for your research from an individual, other than your major advisor, who is familiar with your research.
4. A line budget of anticipated expenses with a timeline of completion.
5. A copy of the IRB approval letter (if the research involves human subjects).
6. A copy of the IACUC approval letter (if the research involves animal subjects).
7. Amount request.
8. Advisor signature on the Budget Expense Sheet.
9. The School of Graduate Studies Thesis Proposal acceptance letter.

Graduate Student Affairs Committee

Research Funding Application

Must be submitted by November 1st for fall semester & April 1st for Spring semester

Research Expense Line Budget

	<u>Item</u>	<u>Cost</u>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

I have reviewed this request for funding and will monitor the student's use of any funds awarded.

Faculty Advisor's signature _____ **Date** _____

Graduate Student Affairs Committee

Research Funding Application

Must be submitted by November 1st for fall semester & April 1st for Spring semester

Any publication or presentation or the supported work must include recognition of said support. If you have any questions, contact the GSAC Office at (203) 392-7297.

I acknowledge that the information provided in the Research Funding Application and attached documentation is correct.

Student's signature _____ **Date** _____

I acknowledge that this student is conducting academically sound research in his/her field. I also acknowledge he or she is a matriculated student in good academic standing.

Department Chair's signature _____ **Date** _____

Please Submit All Application Materials To:

Daphney Alston
GSAC Coordinator
deanofstudents@southernct.edu
501 Crescent Street, EN A106
New Haven, CT 06515

Should you be approved for Graduate Student Affairs Committee Research Funding, you must follow the reimbursement process outlined below.

Upon approval:

1. Submit all original receipts for approved expenses to deanofstudents@southernct.edu within 30 days of purchase.