

Research Grant Proposal Application

1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | gsresearchgrant@wku.edu

Graduate Student Research Grant Proposal Application

Name _	Last	F	st	WKU ID #
	Last	'	51	IVUIVI
Email _			Exp	pected Date of Completion
Departi	ment		Advis	or
Does this	s project re	equire Human Subjects approval?	Yes No If yes,	please provide Human Subjects Reference #
By prov	iding my	initials, I certify my understand	ng of the following: Any e	xpenses incurred prior to receiving a grant are ineligible for
		and are my own responsibility		, , , , , ,
2. 3. 4. 5.	submit t Formal a. b. c. d. e. Resear a. b. c. d. One-pa Statem been p Letter of Please ALL Al Any ap	Budget Form (Please see F Materials/Supplies (Item, q Equipment Travel. Please refer to curr Participant Support and/or Cost sharing (if there is cost ch Proposal Title of Proposed Project Purpose of the Study Design of the Study Intended Use of Results are age student Bio (CV/Resume ent from the student and the lagiarized. of endorsement of the resear be sure to submit Human Stepplications.	uments with your application for more details other lantity, cost per unit, total ent WKU travel policy and luman Subjects t-share, the applicant nearly advisor certifying that not call project or creative act bjects, IACUC, or IBC application all necessary maters.	ation (see website for additional instructions): or than those listed below) all cost) di restrictions due to the pandemic. eds to note exact amounts/sources of cost share.) Results documents included in the research grant proposal have exivity from the advisor. Exproval letter (if applicable) D BY THE DEADLINE TO gsresearchgrant@wku.edu. Exercials will be returned to the student. Only completed
List pre	evious G	raduate Student Research	Grants (date and amou	nt)
Student Signature				Date
TI	his stude	ent research proposal has b	een approved and is co	nsistent with research expectations in the discipline.
Advisor Signature				Date
Department Head Signature				Date
College Dean Signature				Date



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Additional Students Contributing to this Project

	Did any other students contribute to this project?	Yes No If yes, please indicate below:
Name:		
		Advisor:
Name:		
	ıt:	
Name:		
Departmer	nt:	Advisor:
Name:		
Departmer	nt:	Advisor:
Name:		
	nt.	