

# PS Graduate Student Research Fund Application Form

PRIOR APPROVAL MUST BE OBTAINED

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

## **Abstract of Proposed Activity**

(use this space only)

## **Detailed Budget**

(use this space only)

Send completed form (2 weeks prior) to Susan Twarog in Department HQ.