

James Madison College
Faculty Undergraduate Research
Student Assistant Funding Request Form

Faculty Name:

E-mail address:

Research Project Title:

Semester for which funds are requested:

Fall

Spring

Summer

Requested number of hours per semester:

50

100

STUDENT INFORMATION (please include the name of the student if you have already selected them)

Name:

E-mail:

Major:

Freshman

Sophomore

Junior

Senior

Please write a **1-2 page description** of your research project, proposed use of the funds and outline the role of the student. Include a description of the specific research goals for the project.

Signature:

Faculty _____

Date _____

Incomplete applications will result in delay or denial of the application. Completed and signed request form and project description should be submitted to:

**James Madison College
Office of Academic Affairs
370 South Case Hall
East Lansing, MI 48825**