

PROVOST STUDENT RESEARCH AWARDS

COVER SHEET

Applicant Information

Student Name _____

Undergraduate _____ Graduate _____ Sem. Hours Completed _____

UTC ID _____ Major _____

UTC Email _____

Home Address/Phone _____

Faculty Sponsor _____ Department _____

Project Information

Project Title _____

Start Date _____ End Date _____ Student hours per week _____

Research Course Registration (if applicable) _____

Budget Information (Awards limited to a maximum of \$1,000.)

<u>Object Code</u>	<u>Amount</u>
18 Student Bi-weekly*	_____
31 Travel	_____
33 Printing/Duplicating	_____
35 Communications	_____
38 Computer Service	_____
39 Supplies	_____
62 Minor Equipment	_____
Mailing (other)	_____

*Minimum Wage = \$6.55/hr.

Total Requested: _____

Signatures

Student

Faculty Sponsor

Department Head

Approvals

Director, Financial Aid

Chair, Faculty Research Cmte

Chief Research Officer

Total Funded _____

Comments _____

Submit original (hard copy) and ONE hard copy to the Chair of the Faculty Research Committee by March 16.