

**FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE****GRADUATE RESEARCH PROJECT GRANT APPLICATION**

(Please **type** and submit **original plus six copies.**)

DATE \_\_\_\_\_

FACULTY NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

MAJOR: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**IF NO STUDENT HAS BEEN IDENTIFIED, PLEASE DESCRIBE YOUR PLANS TO RECRUIT A STUDENT:**

\_\_\_\_\_  
**PROJECT TITLE:**\_\_\_\_\_  
**OBJECTIVES:**\_\_\_\_\_  
**BRIEF DESCRIPTION OF ACTIVITIES, WITH TIMELINE:**

*(Please be concise, but continue on back if necessary.)*

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**STATEMENT OF BENEFIT TO FSU:**

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**MATERIALS AND SUPPLIES BUDGET:**

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**PREVIOUS FACULTY DEVELOPMENT GRANTS:**

TYPE OF GRANT

TITLE

DATE