

FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE**UNDERGRADUATE 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.)

STATEMENT OF BENEFIT TO FSU:

MATERIALS AND SUPPLIES BUDGET:

PREVIOUS FACULTY DEVELOPMENT GRANTS:

TYPE OF GRANT

TITLE

DATE