

UNIVERSITY OF RICHMOND JEPSON SCHOOL OF LEADERSHIP STUDIES
UNDERGRADUATE RESEARCH PROGRAM

RESEARCH GRANT APPLICATION

Date of Application: _____

Name: _____

University ID No.: _____

Name as it appears on Soc. Sec. Card: _____

Present Address: _____

street

city

state

zip code

Present Telephone: (____) _____

2nd Major(s): _____ Minor(s) _____

Units Completed: _____ Expected Date of Graduation: _____

Title or Subject of Project: _____

Supervising Faculty Member: _____

Total Amount Requested: _____

Period for which grant is sought: _____

Starting Date: _____ Termination Date: _____

Courses (with grades) completed relevant to proposed research project:

Courses

Grades

Relevant courses being taken during project period:

Skills, knowledge, etc. pertinent to project: _____

Academic Credit (units) Requested: _____

Specify which semesters: _____

Please attach your written proposal on a separate sheet of paper.