IRISE Undergraduate Scholars Program
APPLICATION FORM

STUDENT SECTION:

Name: ___________________________________________ Student ID#: __________________________

Major: ___________________________________________ Current G.P.A.: __________________________

Email address: ___________________________________ Class Year: ______________________________

Are you an International Student? (Please circle) Yes No

Faculty Partner name: ______________________________ Department: ___________________________

PROJECT TITLE: _______________________________________________________________________

BUDGET REQUEST: $ ___________________________________________________________________

IRB or IACUC # (if applicable): __________________________________________________________

PROJECT TIMELINE: (Month beginning to month ending) _____________________________________________________________________________

FACULTY PARTNER SECTION

I, __________________________________________ confirm that ______________________________ has written this proposal and that I have reviewed it. Further, as the faculty partner, I have reviewed the budget and discussed how supplies will be purchased. (IRISE reimburses purchases or works with department purchase orders, the IRISE office will not order or purchase supplies). Lastly, I confirm that the student and I have read and understand the guidelines and policies of grant funding.

_________________________________________________ ______________________________
Faculty Partner Signature Date