

**COLLEGE OF HEALTH AND HUMAN SCIENCES  
REQUEST FOR RESEARCH SUPPORT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL/DEPARTMENT \_\_\_\_\_

DESCRIPTION/LOCATION/DATE OF ACTIVITY/MEETING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COSTS:**

TRAVEL _____	ACCOMMODATIONS _____
REGISTRATION _____	FOOD _____
OTHER _____	TOTAL \$ REQUESTED _____

\_\_\_\_\_  
SIGNATURE OF FACULTY/STAFF

**INDICATE LEVEL OF SUPPORT FROM SCHOOL/DEPARTMENT AND ANTICIPATED FUND SOURCE.  
ADVISE COLLEGE OFFICE OF SUPPLEMENTAL FUNDING WHEN KNOWN.**

ADMINISTRATIVE UNIT/DOLLAR CONTRIBUTION	TRAVEL	REGISTRATION FEE	ACCOMODATIONS	FOOD	OTHER
SCHOOL/DEPT (INDICATE FUND SOURCE)					
COLLEGE					
OTHER (E.G. GRANTS, GERONTOLOGY)					
GRADUATE SCHOOL					

**PLEASE SUBMIT THIS FORM TO THE ASSOCIATE DEAN, COLLEGE OF HEALTH & HUMAN SCIENCES.**

\_\_\_\_\_  
CHAIR, SCHOOL/DEPARTMENT \_\_\_\_\_ DATE

\_\_\_\_\_  
DEAN/ASSOCIATE DEAN, CHHS \_\_\_\_\_ DATE

\_\_\_\_\_  
DEAN, GRADUATE SCHOOL \_\_\_\_\_ DATE