## **COEHP Full-Time Faculty Summer Research Application**

Name:	Academic Program:
Department:	Academic Rank:
Tenured: Non-Tenured:	:
Research Project Request (\$500 - \$4,00	00):
-	ments to this application.  In project description including the intended outcome that should include arrnal submission, external grant submission, faculty research project that
• •	nded research project outcome and how this will impact your scholarly publication, external funding agency, or outcome venue
<b>Project Budget:</b> List expenses that will expenses.	l be associated with the project, e.g., equipment, travel, or other
Additional Funding: List other funding project.	g that has been or will be made available to you for this research
Department Chair Recommendation:	:
Please rate the value of this request to the	he faculty member's research agenda.
Minimal value	
Moderate value	
High value	
Additional comments:	
Department Chair Signature	Date
COEHP Dean's Recommendation	
I do not support at this time	
I do support at this time	Amount Approved:
COEHP Dean Signature	Date