

Graduate Student Research Award Cover Sheet

Student Name		Student ID (900 number)	
Campus Address		Email	
Telephone	Department/Program		Year in Program
Advisor/Recommender		U.S. Citizen or Permanent Resident? <small>(May affect payment form)</small> YES NO	Amount Requested
Project Title (if proposed research relates to your dissertation, please provide dissertation title and indicate whether this portion is a chapter).			
Duration of Proposed Project <small>(From ----- to -----)</small>	Location of Proposed Project	Total Budget for Proposed Project	
Have you applied for and/or received funding for this proposed project for any other sources? <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
If YES, please list source, amount, and status of funding request (i.e., applied for/granted?)			
*If you receive funding for this project from a source other than this GSRA, you must inform ISLA immediately.			
If NO, please explain:			
Student Signature			Date
ADVISOR SECTION: I certify I have reviewed this student's proposal and approve of its content.			Date
Advisor's Signature _____			
Will this student need IRB (Internal Review Board) approval for research/interaction with human subjects? (See: http://isla.nd.edu/assets/146479/irb_flowchart_for_students.pdf) <input type="checkbox"/> Yes <input type="checkbox"/> No			