Lyell L. Bussell Memorial Graduate Fund

Application for Research Support Student Information

Name:						
Address:				e-mail:		
				o maii.		
F	Program:			Depa	artment:	
	M.A.				Counseling Ps	ychology
	Ed.S.				Educational Le	
	Ed.D.				Educational Page	sychology
	Ph.D.				Educational St	udies
					Elementary Ed	lucation
					Special Educa	tion
Faculty Spons	or:					
Have you prev	riously received su	pport from th	e Lyell Bus	sell Fund	: Yes	No
If so, indicate t	the type(s) of supp	ort and seme	ester(s) it w	as grante	ed:	
<u>Type</u>			<u>Term</u>		Dollar Amount	
	(For Office U			e Only)		
	Requested: \$_			ommittee	Action:	
	Awarded:			oprove	Deny	
			Da	ate:		
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IF HUMAN SUBJECTS WILL BE USED IN YOUR RESEARCH, WE NEED TO HAVE CLEARANCE FROM THE BSU INSTITUTIONAL REVIEW BOARD (IRB). EVIDENCE OF IRB APPROVAL OF YOUR PROJECT SHOULD BE SUBMITTED WITH YOUR APPLICATION.

	Signature:	Date:			
6.	I understand that I must submit a summary of the ressummary of expenses, indicating clearly the expense requested.				
	Faculty Signature:	Date:			
0.	Clateriani di Facany Meserimenadion and Capporti				
5.	Statement of Faculty Recommendation and Support:				
4.	Total amount requested: \$				
3.	Attach a proposed budget of all research expenses, indicating other sources of support and those items specifically requested for Bussell support.				
2.	Attach a one- to two-page prospectus of your research pretc.). Include a statement concerning the relationship of				
1.	Title of Research Project:				