Lyell L. Bussell Memorial Graduate Fund

Summer Research Grant Student Information

Name:						
Address:				e-mail:		
				<u> </u>		
_						
	Program:			Depa	artment:	
	M.A.				Counseling Ps	sychology
	Ed.S.				Educational L	eadership
	Ed.D.				Educational P	sychology
	Ph.D.				Educational S	tudies
					Elementary E	ducation
					Special Educa	ation
Faculty Spo	onsor:					
Have you p	reviously received su	pport fro	om the Lyell	Bussell Fund	Yes	No
If so, indica	ate the type(s) of supp	ort and	semester(s)	it was grante	d:	
<u>Type</u>			<u>Term</u>		Dollar Amount	
		_				_
		_				
		_				
		_				
			(For Office Use Only)			
	Requested: \$		Committee A		Action:	
	Awarded:			Approve	Deny	
				Date:	·	

Lyell L. Bussell Memorial Graduate Fund Application for Summer Research Grant

1.		Brief description of the proposed research project. your research project (importance, methodology, e	
2.		Brief description of anticipated collaboration with fa	aculty:
3.		Indicate anticipated publication outcomes:	
4.		Statement of Faculty Recommendation and Suppo	ort:
		Signature:	Date:
	5.	I understand that I must include a description of carried out with the faculty member and an ind I also understand that I must be registered for term(s) covered by the grant and may not be reduring the summer.	ication of projected publication outlets. three credit hours during the summer
		Signature:	Date: