



Dissertation Research Enhancement Grant Cover Sheet

Please review the award requirements prior to completing this cover sheet. This document must include all signatures and all supporting documentation must be attached for your application to be reviewed. *Incomplete applications will not be reviewed.*

Student Information:

Name: _____ Date: _____

Title of Research Project:

Proposed activity:

Benefit of activity to Dissertation Completion:

Grant amount requested: _____

Department verification:

The applicant named above has applied for the Dissertation Research Enhancement Grant. Your signature verifies that you support the applicant's application and that the college and/or department will supply supplemental funding in the amount listed below.

Supplemental amount requested from college/department: _____

_____	_____	_____
Name of College Dean, printed	Signature	Date

_____	_____	_____
Name of Department Chair, printed	Signature	Date

By signing this document, the dissertation supervisor verifies that the dissertation proposal has been approved by the dissertation committee, the proposed activity in this application is directly related to the dissertation, the proposed activity will enhance the quality of the proposed dissertation, and that the student is making satisfactory progress in his/her graduate program.

_____	_____	_____
Name of Dissertation Supervisor, printed	Signature	Date

Dissertation Supervisor:
Provide the expected semester and year of applicant's graduation _____

Please see the Dissertation Research Enhancement Grant Application for supporting documents that must be included with this cover sheet in order to complete your application.