



# 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 quality/significance:  
\_\_\_\_\_

Grant amount requested: \_\_\_\_\_

## Department verification:

Signatures of the College Dean and Department Chair are required to verify the amount of supplemental funding (if any) for the proposed activity provided by the college/department.

Supplemental amount provided 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 proposed activity will not increase the student's time to graduation.

_____	_____	_____
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.