

MICHIGAN STATE
UNIVERSITY

Graduate Student Research Enhancement Award Criteria

Funds are available to support activities that enhance graduate students' research projects. These funds are provided by the Office of the Vice President for Research and administered by the Graduate School and are available to support research activities including travel to participate in workshops, data collection, short courses and extramural laboratory rotations. Under special circumstances, funding requests to purchase supplies/materials relevant to the student's research will be considered. Research enhancement funding is only for graduate students enrolled in a degree program. These funds are not available to purchase equipment.

Submit the following to: Dr. Tony Nunez, Associate Dean
118 Linton Hall

1. The attached **Request for Research Enhancement form** completed, listing:
 - Amount of cost sharing with the student's department and college.
 - Whether or not these units provide funding, a signature endorsing the request from both the department and college is still required.
 - The signature of the student's major professor/advisor stating that the student is making satisfactory progress in his/her graduate program.
2. **A brief letter with the following information (no more than 3 pages):**
 - Title of the research project
 - A description of the student's research project written in a way that is understandable to scholars/scientists outside the field.
 - A summary of the proposed research activity including travel information if relevant (dates and location)
 - Description of how this activity enhances the student's research project
 - Detailed budget and budget justification
 - IACUC or Human Research Protection Program approval letter if the research involves human or animal (IACUC) subjects
3. **Application for International Travel Insurance**, if this research includes international travel.

NOTE: If your award is for an international travel fellowship. In order for this fellowship to be processed, we must have a signed copy of the attached form returned to the Graduate School indicating your preference for coverage. This form **MUST** be signed and returned to the Graduate School with your request for funding. **Your request for funding will not be processed without this form.**

Criteria for graduate student research enhancement award

- Enhancement awards are intended to match/supplement funds provided by advisors, units and colleges and will range from \$500-\$1,000.
- Only one request per student/tenure in degree program will be considered.
- Student must be registered the semester the funding is awarded.
- There is no deadline for submitting requests.
- The Graduate School will make decisions on support within three weeks after receiving all of the necessary materials.
- Decision letters will be mailed to the preferred office or home address listed on the attached form.

PLEASE NOTE: If you have federal loans, or other needs-based loans/aid, the amount of your award may cause a reduction of your loan(s) or other financial aid. However, if the award is for travel/research support, please provide a copy of any receipts. The Graduate School will forward these to the Office of Financial Aid as an indication that The Graduate School funds should **not** be subtracted from your loan/aid amount. However, final decisions are made on a case-by-case basis by the Office of Financial Aid following guidelines provided by the federal government.



**THE
GRADUATE
SCHOOL**

Office of the
Associate Dean
for Academic Affairs

118 Linton Hall
East Lansing, Michigan
48824-1044

517/355-0301
FAX: 517/353-3355



**Research Enhancement Award REQUEST TO THE
GRADUATE SCHOOL
Associate Dean's Office**

118 Linton Hall
Michigan State University
East Lansing, MI 48823
Phone: 517.355.0301
Fax: 517.353.3355

SHARED FUNDING AND ENDORSMENT FOR:

Date: _____

(Print) Student Name: _____

Student Number: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Department: _____

College: _____

***Attach the specific funding request letter from the student.**

The above student is making satisfactory progress towards his/her degree.

(Print) Major Professor

Signature of Major Professor

A Signature is required from the major professor, the department chair, and the college even if they have no funds available to support this request. Individual departments and colleges may request additional information from the applicants.

FUNDING SOURCE	NAME AND E-Mail ADDRESS (Print or Type)	SIGNATURE	ACCOUNT#	AMT FROM SOURCE
Major Professor				\$
Department/Unit Chair				\$
College Dean/Associate Dean				\$
Other (specify)				\$
TOTAL:				\$
FUNDS REQUESTED FROM THE GRADUATE SCHOOL:				\$

Please Check Box(s) That Apply

Graduate School Use Only

- AGEP Fellow
 AGEP Scholar
 FAST Fellow
 University Enhancement Fellowship
 University Distinguished Fellow

Notification of award decision will be emailed to Student, Professor, Chair's office and Dean's office, please make sure to include the email address in the space provided. Thank you.

INSURANCE COVERAGE FOR INTERNATIONAL TRAVEL

The Graduate School will provide international travel insurance coverage for those students who are authorized to travel internationally and whose travel is partly funded by us.

Though the insurance is *optional* for your travel, completing and returning the Application for International Insurance is not. **If you are traveling internationally, in order to get funding from The Graduate School, you *must* return the application form signed and dated.**

You may choose to

- Accept coverage
- Decline coverage

either way, the form must be signed, dated in the appropriate location on the form and returned to The Graduate School *before* any funds are released.

This coverage is intended to provide for the special assistance needs of students traveling abroad. The coverage, provided by HTHWorldwide covers accident and sickness benefits and is the same used by MSU students enrolled in programs through the Office of Study Abroad.

This insurance is secondary over any other insurance. Claim forms must be submitted in order to process payments for benefits received. HTHWorldwide will coordinate benefit coverage with any other insurers.

For routine health care services, typically, payment is made and claim forms are submitted for reimbursement. To initiate coverage for medical emergencies, telephone a HTHWORLDWIDE coordinator from your location noted on the identification card. They will verify your participation in the program and assist in managing the situation. Please note that the Chickering program or other insurance may limit medical emergency benefits that result in evacuation, so it is important to contact HTHWORLDWIDE initially to manage the emergency so that benefit coverage is not restricted.

PLEASE NOTE: THE GRADUATE SCHOOL WILL PAY FOR THIS COVERAGE FOR YOU!

- Coverage is in effect ONLY while students are in the foreign country.
- Students will be issued identification cards.

AGAIN, IN ORDER FOR YOUR FELLOWSHIP TO BE PROCESSED, WE MUST HAVE A SIGNED COPY OF THE ATTACHED FORM RETURNED TO THE GRADUATE SCHOOL INDICATING YOUR PREFERENCE FOR COVERAGE OR NO COVERAGE.



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THE GRADUATE SCHOOL
Associate Dean for Student Affairs
118 Linton Hall
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APPLICATION FOR INTERNATIONAL TRAVEL INSURANCE

I wish to **ACTIVATE** coverage for my authorized international travel. The Graduate School is providing a portion of the funding for this travel.

NAME: (*print*) _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Gender (please circle one): FEMALE MALE

Citizen of: _____

STUDENT PID #: _____ BIRTHDATE: _____

COUNTRY (countries) TRAVELING TO: _____

DATE LEAVING THE U.S.: _____ DATE RETURNING TO U.S.: _____

SIGNATURE: _____ DATE: _____

Coverage is in effect **ONLY** while students are in the foreign country.

I wish to **DECLINE** the additional, paid HTH Worldwide (accident/sickness) coverage offered to me by the Graduate School for my authorized international travel that is partly funded by the Graduate School.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ STUDENT PID _____

IMMEDIATELY RETURN THIS COMPLETED FORM, SIGNED & DATED, TO:
118 LINTON HALL

The processing of your fellowship form will be completed quickly upon receipt of this form.