RESEARCH ENHANCEMENT AWARD FUNDING APPLICATION

Instructions on <u>https://grad.msu.edu/research-support</u>. Completed forms should be emailed to the Graduate School at <u>fellowshipapps@grd.msu.edu</u>

Major Professor Sign			Signature of Major Professor	Date (mm/dd/yyyy)			
I certify that the above stu	ıdent is ma	king satisfo	actory progress towards a graduate o	degree.			
Department and/or Progr	am:		College:	College:			
Phone:			Email:				
Mailing Address:							
Student Name:			Last 4 digits o	Last 4 digits of PID:			
Ethnicity (optional)			If you have federal financial aid, pleas find out what the impact that this aw	If you have federal financial aid, please consult the Office of Financial Aid to find out what the impact that this award would have on your aid package.			
If no, Country of Origin			Current Graduate GPA				
International Student	Yes	No		Medical/Law			
Permanent Resident	Yes	No	Program Enrollment:	Master's Professional			
US. Citizen	Yes	No	Current Graduate	Doctoral			
Date:							

SHARED FUNDING AND ENDORSEMENT

A signature is required below from the major professor, the department/program unit, and the college. IMPORTANT NOTE: A financial contribution from the major professor, department/program unit and/or college is highly encouraged to accompany a research fellowship application. In the exceptional circumstance that a financial contribution is not possible from any of these sources, a brief statement of explanation from the graduate assistant/associate dean must accompany the application for further consideration.

TOTAL EXPENSES					
Funding Provider	Name and email address	Signature	Account #		Amount from Provider
Major Professor				2	
Department / Program / Unit				3	
College				4	
Other (specify)				5	
TOTAL FROM FUNDING PROVIDERS (Add lines 2-5)					
Funds Requested from the Graduate School (Required)					

Revised 8/2023

Amount Approved:_____

Disapproved:_____

Statement of Explanation from the Graduate Assistant/Associate Dean