Student Research Grant Application Department of Psychology

Name(s)	SID(s)	:
Faculty A	Advisor:	
IRB App	oproval: Yes No	
2. R	*Have you applied for a MSSU Student Research C Research Title: Description of Research Project (include 1-2 paragr	
4. P	Projected Costs (itemized):	
5. A	Amount of Funds Requested:	
Facult	alty Supervisor Signature/Date	Student Signature/Date

Please turn completed application into Jeane Elliott in the Psychology office HSB 241

^{*}If you are requesting over \$375, you must apply for a MSSU Student Research Grant to be considered for this funding.