

DEPARTMENT OF LINGUISTICS
BRIGHAM YOUNG UNIVERSITY
4064 JFSB
PROVO, UTAH 84602
(801) 422-2937 / FAX: (801) 422-0906



Graduate Student Research Funds Application

Student Name: _____ MA Program: _____

Research Topic: _____

Is topic related to thesis? (Circle one) Yes No

Thesis Chair: _____

Printed Faculty Name

Signature

Date

Abstract (Please include how funds requested are to be used in research: travel, research participant gift cards, equipment, etc.? Attach a separate sheet if necessary.): _____

Methodology: _____

Expected dates of research: _____

Have you applied for research funding from Graduate Studies? (Circle one) Yes No

Expected Expenses:

Item

Cost

Total Amount Requested: _____

FOR DEPARTMENT USE

Amount Approved: _____

Account #: _____

Research Funding Committee:

Signature

Date

Signature

Date