

DEPARTMENT OF LINGUISTICS
BRIGHAM YOUNG UNIVERSITY
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Undergraduate Student Research Funds Application

Student Name: _____ BA Program: _____

Student Email: _____

Research Topic: _____

Research must be done with a faculty member.

Faculty member: _____

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: _____

Expected Expenses:

Item

Cost

Total Amount Requested: _____

FOR DEPARTMENT USE

Amount Approved: _____

Account #: _____

Research Funding Coordinator:

Signature

Date