

Department of STS/Public Policy
Public Policy Program

**Graduate Student Research Funds Request
Justification of Costs**

Name of Student: _____ **Student ID:** _____

Title of Request: _____

Amount Requested: \$ _____ **Amount Approved:** \$ _____

Description:

(Please provide a description of your research or educational activity below or attach your proposal and budget.)

APPROVALS:

Student Signature: _____ **Date:** _____

Graduate Director Signature: _____ **Date:** _____

DISTRIBUTION: CLA Budget Officer Dept Advisor Student