

**Department of STS/Public Policy
Public Policy Program**

**Graduate Student Research
Justification of Costs**

Name of Student: _____

Title of Request: _____

Amount Requested: \$ _____

Description:

(Please provide a description of your research or educational activity below.)

APPROVALS:

Student Signature: _____ **Date:** _____

Graduate Coordinator Signature: _____ **Date:** _____

DISTRIBUTION: CLA Budget Officer Dept Advisor Student