

Cleveland State University
Office of Research

**Graduate Faculty Research Support Program
APPLICATION FORM**

Applicant Name: _____

Department: _____

Rank: _____

Description of Professional Travel or Publication Charges:

(Please attach documentation showing that the paper or creative work has been invited, accepted for publication/exhibition/performance, etc.)

Expense Item	Request from Research Program	Support from Department	Support from College	Other Support*	Total
Airfare					
Hotel					
Per Diem/Meals					
Other Expenses					
Publication Charges					
Total					

Cannot exceed 2/3 of the total cost. Cannot exceed \$1,250.

*** List Sources and Amounts of Support from "Other Support" Column (grants, personal funds, etc.)**

I certify that the proposed expenses are accurate and that the support listed in the "Other Support" column is available.

Applicant

Date

I support this application, and certify that the department resources described in this application will be made available to conduct these activities.

Department Chair

Date

I certify that the college resources described in this application will be made available to conduct these activities.

Dean *(Only necessary if the college is committing funds)*

Date