Southeast Missouri State University

Graduate Studies & Research

Graduate Student Research Assistance Request Application

To request graduate student research assistance funds, the student will provide the following information on this form and send it to the Graduate Dean for approval (MS 4400). Attach any supporting documentation to this form.

Student Name:		**Date:**
Department:	**Address:**	
Student ID#:	**Phone:**	**E-mail:**
Location:	**Date(s):**	
Organization:		
Purpose (explain fully noting the nature of the project as well as relevancy to the student's course of study):		

ESTIMATED EXPENSES		Date Received:	Amt. Approved:
Miles @ .295/mile $	**Department Action**	**Approved:** _____ Department Chair Date	
Air			
Meals		**Non-approved:** _____ Department Chair Date	
Other	**GSAC Recommendation:** _____ **Date:** _____		
Total Estimated Expenses $	**Approved by:** _____ Graduate Dean		
	Date	Amt. Approved:	