Southeast Missouri State University™

School of Graduate Studies

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:	**Phone:**
Student ID#:	**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	
Miles @ .295/mile $	
Air	
Meals	
Other	
Total Estimated Expenses $	

College and Department Action

College Action: Date Received: _____
Amount Allocated: _____

Signature of College Dean:

_____
Date

Department Action: Date Received: _____
Amount Allocated: _____

Signature of Department Chairperson:

_____
Date

Graduate Studies Action: Date Received: _____
Amount Approved: _____

Signature of Graduate Dean:

_____
Date

Must obtain College and Department Action prior to sending to Graduate Studies.