

**College of Nursing, Health, and Human Services**  
**Request for Research/Creative Project Support Student Wages**

**Basic Information**

First Name:  MI:  Last Name:

Phone :  Email:

Have you received support from the CSRC in the past?  Yes  No

**Project Information**

**Undergraduate student(s) involved with this project:** *(Please list names, 991s, credit hours completed at time of this request, contact information (dept, email, and phone))*

Name  Dept.

991 #  Credit Hours  Phone  Email

991-  -  -

Name  Dept.

991 #  Credit Hours  Phone  Email

991-  -  -

Name  Dept.

991 #  Credit Hours  Phone  Email

991-  -  -

Name  Dept.

991 #  Credit Hours  Phone  Email

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Name  Dept.

991 #  Credit Hours  Phone  Email

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## Project Information (Cont.)

Amount Requested (*max \$750 per student under 62 credit hours completed; \$500 per student over 62 credit hours completed*):

\$

Approximate number of hours anticipated needed:

Anticipated completion date of project:

Brief (300 words) justification for funds (what do you need them for):

## Faculty Sponsor Signature

By signing this request, you are committing your undergraduate students to present this project at “showcases” at least once and up to three times (if appropriate) and agree to have ISU videographers record interviews with you and the students during the course of your project. If this research involves human subjects, you agree to complete IRB review prior to recruiting subjects to your study.

Faculty Sponsor Signature:

## Departmental Chair Signature

Department Chair Signature:

## Terms for Receiving Funds

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**By accepting these funds, I agree to list the undergraduates as an author in all presentations and /or publications this project produces. I also agree to acknowledge in all presentations and/or publications resulting from or using this work the CSRC's support with the following statement: "This <research or project> was supported by the Indiana State University Center for Student Research and Creativity."**

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*Should the student fail to deliver on the work described above, the CSRC will require your department to reimburse the CSRC for the funds. Any unused funds are to be returned to the CSRC.*

## Instructions for Submitting

Please fill out this form and then click the 'Submit by Email' button at the bottom right of this page. If you are having difficulty with emailing using the button please fill out the form, save it, and email it to [Jenifer.Pollom@indstate.edu](mailto:Jenifer.Pollom@indstate.edu) as an attachment.

\*\*\* BELOW THIS LINE IS FOR CSRC USE ONLY \*\*\*

## Project Number and Approval

Approved     Denied

**Project Number:**