COLLEGE of CHARLESTON
GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.

RESEARCH, PRESENTATION, PROFESSIONAL DEVELOPMENT GRANT APPLICATION

- Students must submit completed cover sheet, project abstract or description, and anticipated budget at least one week in advance of event/travel in order to be considered. Submit materials to gradstud@cofc.edu.
- Students applying for funding in the Fall or Spring terms be enrolled in graduate credit in those terms. Students applying for funding in the Summer must have registration in previous Spring or upcoming Fall terms. Students are ineligible for funding after graduation regardless of when the application was submitted.

1. _____ _____ _____
First Name Last Name Program – no abbreviations please

2. _____ _____ _____ - _____ - _____
CWID College of Charleston Email Phone Number

3. _____ _____
Faculty or Research Supervisor Email

4. _____ _____ _____
Funding Term Dates of Project/Travel Amount Requested

5. _____
Project/Event Title

6. _____
Project/Event Location

7. Type of Award (choose one)

☐ Research ☐ Presentation ☐ Professional Development

8. _____
Are you receiving or have applied for funds from other sources? If so, from where and what amount?

Additional Information

Does the proposal involve research on human subjects?	Yes	☐	No	☐
If yes, what is the status of the IRB request? No funds can be awarded until IRB approved.	Submitted	☐	Approved	☐
Does the proposal involve research with live vertebrate animal subjects?	Yes	☐	No	☐
If yes, what is the status of the IACUC request? No funds can be awarded until IACUC approved.	Submitted	☐	Approved	☐
Does this project involve biohazards or other safety issues?	Yes	☐	No	☐
Does this project have potential for copyright or invention?	Yes	☐	No	☐

Signatures indicate awareness of an intention to follow appropriate Program, Departmental, School, College, and State rules and regulations for conducting projects, travel, and expenditure of funds.

_____ _____
Student Signature Date

_____ _____
Faculty Supervisor Signature Date

_____ _____
Graduate Program Director Signature Date

Note: Funds for successful proposals will be transferred into the respective program or departmental R&D account.