

BRADLEY UNIVERSITY
College of Education and Health Sciences
Center For Research and Service
Application for Discretionary Funds

Please indicate: **Research** _____ **Presentation** _____ **Publication** _____

Title: _____

CUHSR Approval Number: _____

Principal investigator/author: _____

Rank/title: _____

Co-investigators/co-authors: _____

Department/Division: _____

Campus phone: _____

Amount requested from CRS: _____

Other Funding (if applicable):

Amount applied for: _____ **From:** _____

Amount granted: _____ **From:** _____

Previous funds received from:

CRS Discretionary Funds _____ **If yes, date** _____ **Amount** _____

Title of previous project _____

Evidence of publication from previous project (attach documentation) _____

Date of expected completion/presentation: _____

Indicate for Research Proposal only:

_____ **human subjects or research animals. Include Human Subjects or Animal Approval Form.**

Intent to present at national/international professional meetings:

(include probable conference) _____

Intent to publish? _____ **If yes, probable journal** _____

Expected date of submittal _____

Signature: Principal Investigator _____ **Date** _____

Signature(s): Co-investigator(s) _____ **Date** _____

Signature: Department/Division Chair _____ **Date** _____

Approval:

Signature: Director, CRS _____ **Date** _____ **Amount** _____

Signature: Dean, EHS _____ **Date** _____ **Amount** _____