

College of Allied Health Sciences Thesis/Dissertation Research Grants

Application Cover Sheet

Student:	Phone:
E-mail:	Student's Department:
Thesis/Dissertation Chairperson:	
Title of master's thesis/doctoral dissertation:	
Abstract (50 words maximum):	
Have you applied for funding from another source for your project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	
Have you received funding from another source for your project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	

Does your research require any of the following?	Yes	No	IRB/IACUC Number & Approval Date
Human subjects	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory animals	<input type="checkbox"/>	<input type="checkbox"/>	

If funding is provided for this thesis/dissertation project, I agree to: (1) submit a final report summarizing the project activities and expenditures within one-month following expiration of the grant funds; (2) acknowledge the CAHS Thesis/Dissertation Research Grant Program on any and all documents, papers, and publications associated with the activities supported by the grant award; and (3) present findings in a public forum, other than my defense presentation, such as my department-specific Research Day or ECU's Research and Creative Achievement Week.

Signature of Student

Date

I have read the student's proposal and acknowledge the student's thesis/dissertation proposal has been approved.

Signature of Chairperson of student's committee

Date

Signature of student's committee member

Date

Signature of student's committee member

Date

Signature of student's committee member

Date

Signature of student's committee member

Date

Signature of student's Graduate Program Director

Date

Signature of student's Department Chairperson

Date

For Office of Research use only:

Date of Action _____ Action: Recommended Not Recommended

Funding Amount: \$ _____

Award Start Date: _____ Award End Date: _____

Comments: