Application for VIGRE
Undergraduate Research Funding

Name: ________________________________

Email: ________________________________

Expected graduation date: ___________

Research Supervisor’s name: ________________________________

Research Project Topic: ______________________________________

Research Project Dates: ______________________________________

Requested Maximum Project Amount ($500 – $2000 max): ______________

Short description of the research (use back or attachments if necessary):

What preparation have you had for doing this project? (e.g., courses, independent study with the supervisor listed above)

By signing this form, both the student and the research supervisor have agreed to work together on the research described above.

________________________________________________________________________
Student’s signature Date

________________________________________________________________________
Research Supervisor’s signature Date

________________________________________________________________________
VIGRE Committee Approval Date

Please return this form to the Student Services Office, Padelford C-36.