Request for Funding to Complete Thesis Research

Name _____ Program_____ Date _____

Advisor _____ anticipated graduation date _____

IRB or Inst. Animal Care and Use Committee approval: _____ approved (log #)
_____ n/a
_____ pending (log #)

I am registered this semester or have at one time registered for thesis credits (Y/N)

I have attached an approved Thesis Proposal (Y/N)

Budget Request (not to exceed $250)

Itemize supplies and expenses

(1.) _____ $ _____
(2.) _____ $ _____
(3.) _____ $ _____
(4.) _____ $ _____

The student requesting funding is prepared to conduct the research and otherwise complete the requirements of the thesis. The items requested in this funding proposal are necessary for the student to complete the thesis.

_____ _____
advisor date

Please return this form to the address noted below.

College of Graduate Studies and Research
Minnesota State University, Mankato
AF 115
Mankato, MN 56001
507-389-2321