

Graduate Student Research Fund

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NOTE: Type in all fields below

Date: _____ (MM/DD/YR) GPA: _____ (use "N/A" if this is your first semester)

Name: _____ (Last, First, Middle Initial)

Email: _____ (Official ohio.edu address only)

Department: _____

Have you received GSRF funding before: Yes No

Title of Research Proposal:

Applicant Signature: _____ Date: _____

Graduate Chair _____

Graduate Chair Signature: _____ Date: _____