Graduate Student Research Fund

- Cover Page -

NOTE: Type in all fields below where applicable

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

If yes, please provide semester and year: Fall ☐ Spring ☐ Year: _____

Title of Research Proposal:

Applicant Signature: _____ Date: _____

Advisor _____

Advisor Signature: _____ Date: _____

Graduate Chair _____

Graduate Chair Signature: _____ Date: _____