



Dickinson State University
Application for Undergraduate Research Grant

Date: _____ Amount requested: _____

RESEARCHERS

Student 1:

First name: _____ Last name: _____
Email: _____ Phone: _____

Student 2:

First name: _____ Last name: _____
Email: _____ Phone: _____

Faculty Sponsor:

First name: _____ Last name: _____
Email: _____ Phone: _____
Department: _____

Other students or faculty:

PROJECT INFORMATION

Project Title:

Project Description (not more than 200 words):

