



Undergraduate Research Opportunity Program

1190 Undergraduate Science Bldg Zip: 2215

Phone: 734 615-9000 Fax: 734 615-9971

Supplementary Research Funding Application

Name: _____ Uniquename: _____
(please print)

Campus Address: _____ Phone: _____
_____ Campus Zip: _____

Name(s) of UROP Student(s): _____

STEP 1: Please submit one application per project -- NOT per student.

Line item description of expenses and estimated costs to be incurred by the student(s) for academic year _____:

Project: _____

<u>Expense</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use additional sheet if necessary)

Total amount requested from UROP: \$ _____

Note any funds available from grants and/or department: \$ _____

STEP 2: Please have your Department or Grant Administrator complete this section. Funds may only be transferred at the 10000 Fund Level. We cannot transfer funds to a federally-funded account.

M - Pathways Chartfields for fund transfer:

Fund 10000 Org. _____ Program _____ Class _____

Project-Grant _____ Shortcode _____

Administrator's Name: (please print) _____

Uniquename _____

Campus Address: _____

Campus Zip _____ Phone _____ Fax _____

**STEP 3: Fax this form to: UROP at 934 615-9971
Be sure form is complete prior to faxing.**