



**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): \_\_\_\_\_  
\_\_\_\_\_

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: \$ \_\_\_\_\_

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 \_\_\_\_\_