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Application Form
University Co-op Award for Excellence in Graduate Research

Please print or type

Name:_____
Last First MI

E-mail:_____ Phone:_____

Address:_____

_____

Department:_____

College:_____ Date degree expected:_____

Recommending Professor:

_____
Name e-mail phone

Title of Project:

The research project is: ◯ Master's Research ◯ Dissertation Research

Please designate in which category you would like your proposal to be reviewed:

◯ Humanities, Fine Arts, Communication, Creative and Performing Arts
◯ Social Sciences, Business, Education, Law, Public Affairs, and Policy Studies
◯ Engineering and Natural Sciences

Approximate completion date expected for project:_____

I will attempt to publish this research in :_____
journal name

_____ _____
Signature of Applicant Date

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