

**COAST CSUN Undergraduate Student Research Support Program (AY 2018-2019)**

**Application Form**

**Save this file as LastName\_FirstName.docx and email it as an attachment to: coast.undergradaward@csun.edu**

**Student Applicant Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |       | Department: |       |
| First name: |       | GPA: |       |
| Student ID #: |       | Anticipated graduation data (mm/yy): |       |
| Email: |       |  |  |
| Phone: |       |  |  |

**Faculty Advisor Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |       | Department: |       |
| First name: |       | Position/Title: |       |
| Email: |       | COAST member (yes/no): |       |
| Phone: |       |  |  |

|  |  |
| --- | --- |
| **Research Project Title:** |       |

|  |  |
| --- | --- |
| **Budget request** (not to exceed $750) | $ |

**Project Description** (not to exceed 500 words)**:**

|  |
| --- |
|        |

**Budget:**

|  |  |
| --- | --- |
| **Item description** | **Cost** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Total:** |       |

**Budget Justification** (not to exceed 200 words)**:**

|  |
| --- |
|       |