

## **Graduate Student Research Award Application Cover Page**

Student Name: CSU ID: Email:  Number of Graduate Credits Completed: Graduate GPA:  Name of Graduate Program:  Check the Appropriate Box: □ Master's Student □ Doctoral Student  Name of CSU Advisor:  Project Summary (limit 75 words)  Have you submitted a GSRA application before this year? □ Yes □ No  Does the proposal contain confidential or proprietary information? □ Yes □ No  Does the proposal include all of the required sections as specified in the funding guidelines? □ Yes □ No  Has the entire proposal (including this cover page) been assembled into a single PDF? □ Yes □ No  I certify that the activities described in this proposal will be conducted in accordance with the terms of the GSRA funding program and other University regulations.  Student Signature: □ Date: □  I certify that the departmental resources described in this proposal will be made available for the proposed activities.  Department Chair Signature: □ Date: □  I certify that the applicant is a graduate student who is making satisfactory progress toward the completion of graduate program requirements.	Project Title:					
Number of Graduate Credits Completed: Graduate GPA: Name of Graduate Program: Check the Appropriate Box:   Master's Student   Doctoral Student Name of CSU Advisor: Project Summary (limit 75 words)  Have you submitted a GSRA application before this year?   Yes   No Does the proposal contain confidential or proprietary information?   Yes   No Does the proposal include all of the required sections as specified in the funding guidelines?   Yes   No Has the entire proposal (including this cover page) been assembled into a single PDF?   Yes   No I certify that the activities described in this proposal will be conducted in accordance with the terms of the GSRA funding program and other University regulations. Student Signature: Date:  I certify that the departmental resources described in this proposal will be made available for the proposed activities. Department Chair Signature: Date:	Total Budget Request:					
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Graduate Program Director Signature: Date:	Graduate Program Director Signature:	I	Date:		-	