

**Cleveland State University**  
Office of Research

**Graduate Faculty Research Support Program  
APPLICATION FORM**

**Applicant Name:** \_\_\_\_\_

**College/Dept:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Description of Professional Travel or Publication Charges:**

*(Please attach documentation showing that the paper or creative work has been invited, accepted for publication/exhibition/performance, etc.)*

<b>Table 1 - Expenses</b>	
<b>Expense Item</b>	<b>Requested Amount</b>
Airfare	
Hotel	
Per Diem/Meals	
Other Expenses	
Publication Charges	
<b>Total</b>	

<b>Table 2 – Areas of Support</b>	
<b>Areas of Support</b>	<b>Amount</b>
Office of Research*	
Department	
College	
Other Support	
<b>Total**</b>	

\*Office of Research support can't exceed 2/3 of the total cost, and can't exceed \$1,250.

\*\*Totals from Table 1 & 2 should match.

**\* List Sources and Amounts of Support from “Other Support” Row (grants, personal funds, etc.)**

I certify that the proposed expenses are accurate and that the support listed in the “Other Support” column is available.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

I support this application, and certify that the department resources described in this application will be made available to conduct these activities.

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

I certify that the college resources described in this application will be made available to conduct these activities.

\_\_\_\_\_  
Dean *(Only necessary if the college is committing funds)*

\_\_\_\_\_  
Date