

**David C. Frederick Honors College
BPHIL REQUEST FOR RESEARCH FUNDING**

NAME: _____

PEOPLESOFT ID NUMBER: _____

ADDRESS: _____
(Street Address / Apt. No.)

(City, State, Zip Code)

EMAIL: _____ PHONE: _____

ANTICIPATED GRADUATION DATE: _____

BPHIL CHAIR & DEPARTMENT: _____

\$-AMOUNT REQUESTED: _____

RESEARCH PROJECT/TITLE & SHORT DESCRIPTION: _____

PLEASE ATTACH DETAILED COST ESTIMATION.

DO NOT WRITE BELOW THIS LINE (FOR HONORS COLLEGE USE ONLY)

BPHIL VERIFICATION

APPROVED: Yes No

(Signature & Date)

FINAL APPROVAL

APPROVED: Yes No

(Signature & Date)