

FUNDING		
☐ Yes, I hav	ve attempted to raise funds from other sources.	
	List all other funding sources:	
•		
TOTAL AMOUNT OF FUNDING REQUESTED: \$		

TO BE COMPLETED BY DEPARTMENT CHAIR OR PROFESSOR		
☐ I confirm the above mentioned details to be true		
NAME - DEPT CHAIR/PROFESSOR		
SIGNATURE		
NAME - GROUP LEADER		
SIGNATURE		
DATE		