**Costs per student (please attach detailed budget):**

Amount of funding needed $\_\_\_\_\_\_\_\_

Amount of funding requested: $\_\_\_\_\_\_\_\_

**List other funding sources:**

 We have attempted to raise funds from other sources.

**To be completed by the department chair or professor:**

I confirm the aforementioned details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of department chair or professor (print) Signature

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_