

Summer Research Proposal for Summer Funding
SUMMER 20__

Please print or type responses

Student's name _____

Department/program: _____

Officially ABD: Yes _____ Date ABD: _____ No _____ Date expected: _____

Title of dissertation (if applicable):

Plan for summer research: Be as specific as possible. Attach an additional sheet, if necessary.

Signature of applicant _____ Date: _____

Approval by faculty advisor (name) _____

Signature _____ Date: _____