



Center for African Studies Loogman Faculty Research Grant

Name:

College/Department:

Campus Address (including email and ext.):

Title of Proposal/Project:

Total Amount Requested:

Will you be collaborating with someone on the research?

Name of collaborator:

College/Department:

Campus Address (including email and ext.):

Please attach the following to this cover sheet:

- * Narrative (see application for details)
- * One page bibliography
- * One page *curriculum vitae*
- * One page budget
- * Approval from the Institutional Review Board (IRB) for Protection of Human Subjects for proposals involving human subjects (if required)

Chairperson Signature/Date:

Dean Signature/Date: