

**REQUEST FOR:
GRADUATE RESEARCH ASSISTANT SUPPORT**

DATE _____

1. NAME _____ TELEPHONE _____

2. DEPARTMENT _____

3. TITLE OF PROJECT _____

4. BRIEF DESCRIPTION _____

5. VALUE TO CAMERON UNIVERSITY _____

6. DATES OF PROJECT: BEGINNING _____ COMPLETION _____

7. DO YOU PLAN TO USE ADDITIONAL RESEARCH SUPPORT CENTER SERVICES TO SUPPORT YOUR PROJECT?

NO YES (Brief description) _____

8. SERVICES TO BE PERFORMED BY GRADUATE ASSISTANT: _____

SIGNATURE OF APPLICANT

Approved by: _____ **Date:** _____
Dean of Graduate Studies

Research Office Use Only: