

**RESEARCH SUPPORT CENTER USAGE APPLICATION: FACULTY & STAFF  
(No Funds Involved)**

DATE \_\_\_\_\_

1. NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

2. DEPARTMENT \_\_\_\_\_ EXT. \_\_\_\_\_

3. TITLE OF PROJECT \_\_\_\_\_  
\_\_\_\_\_

4. BRIEF DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. PERSONNEL INVOLVED (Faculty, Students, Staff, Others and Number of each) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. VALUE TO CAMERON UNIVERSITY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. BEGINNING \_\_\_\_\_ AND COMPLETION \_\_\_\_\_ DATES OF PROJECT

8. HOW DO YOU PLAN TO USE THE RESEARCH SUPPORT CENTER? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

<p>Research Support Center initials:</p> <p>Recommended Approval: _____</p> <p>Recommended Disapproval: _____</p> <p>Date: _____</p>
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