

MCNAIR PROGRAM

RESEARCH FUNDING REQUEST

Completion of this form represents an official request for the McNair program to pay for some or all of your expenses related to academic research required by the McNair Program. If applicable, the cost of research support will be purchased for you; however, expenses can be reimbursed after the completion with the submission of original receipts.

An abstract, research project implementation timeline, and other relevant information MUST accompany this form.

I. General Information

Name(s) of person(s) requesting research support funds _____

Purpose: McNair In-class Project Faculty-Mentored Research Other, Please Explain _____
 Research Project Title: _____

II. If this is for a faculty mentored research project or other outside opportunity, the supervising professor's approval is required in advance.

Supervising Faculty Name (printed) _____ Email _____

Supervising Faculty Signature _____

III. Expense Detail

What is the total amount requested? _____ (funds must be used within the academic year August to July 1)

Please indicate the expenses that you are requesting McNair to cover?

Item	Specific description of item	Estimated Cost	Actual Cost (determined after purchase)	Approximate time funding will be used (month/yr)
Transcription				
Interview or Survey Costs				
Travel/Mileage				
Pay for Employment				
Equipment/Software				
Participant Support Costs				
Other				

FOR PROGRAM USE <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Initials _____ Date _____

Please submit to ronaldemcnair@iastate.edu or in person at 1137 Pearson Hall.