



**ADDITIONAL NOTES**

**SPONSOR INFORMATION:**

CHECK ONE: <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF	COLLEGE: .....
NAME: .....	DEPARTMENT: .....
PHONE: .....	EMAIL: .....

\_\_\_\_\_  
*Signature Approval of Sponsor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Approval of Provost/VP Academic Affairs*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Amount Awarded*