

	CORV		
APPLICATION CATEGORY:			COLLABORATIVE PROPOSAL:
Summer Stipend Research Grant			Yes No
FACULTY INFORMATION:			
Name			Email Address
Academic Rank			Phone Number
College/School			Dept./Division
Highest Degree Attained		Date Degree Attained	
Date of SHU full-time employment		Employee ID#	
Faculty Status:	Tenure-track	Tenured	Research-Responsible Contract
Submission Status: Have received prior URC award Proposed project represents new resear from prior award		Have not received prior URC award earch area	
PROJECT INFORMATION:			
Title of Project:			
Project Period:	From	То	
Project Location:			
Amount Requested:	\$		
Field of Study:			
Applications must be received in the Office of Grants and Research Services by Wednesday, February 20, 2023, at Noon, via the following email address: grantsoffice@shu.edu. No proposals will be accepted after the closing date. Failure to include any of			

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