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| **DEPARTMENT OF PSYCHOLOGY****Graduate Student Use-of-Funding Application**  **Purpose:** This form is used to request the use of Graduate Student Funding allotment. **Instructions:** **1)** The graduate student should complete and email this form (and relevant receipts/attachments) to their faculty mentor, **2)** the faculty mentor should review and approve the form, then email it to the research committee representative (mkalish@syr.edu), and then **3)** the research committee representative will review the form for approval and email it to psychology@syr.edu for processing.**Current policy:** The department provides a budget of $1,500. Up to $600 may be accessed prior to completing the master's thesis (or equivalent project for those entering with an approved master’s) with the remaining funds available after successful completion of the master's thesis. These funds may be accessed by the student to use in research and professional development in order to allow completion of their graduate training (e.g., travel to conferences, supplies used solely for the student's research, specialized training). Disbursement of the funds requires prior approval from the student's advisor, appropriate documentation, and approval of the research committee who may consult area directors as needed.  |
|  |  |  |  |  |  |  |  |
| **Date:** |  |            |   |   |
| **Name:** |  |   |   |
| **SU ID#** |  |   |   |
| **Email** |  |   |   |
| **Masters completed?** |

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| Yes No |

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| **Amount requesting:** |  |   |   |
|   |   |   |  |   |   |
| **Reason for requesting the funds** |
|  | Travel to a conference: | Conference name: |  |
|   | Travel for other business-related purpose *(describe)*: |  |
|  |  |
|   |   | Travel dates: | Departure date: |  |  |   |  |
|   |   |   | Return date: |   |   |   |   |
|  |  |  |  |  |  |  |  |
|  | Human subject payments | IRB Protocol #: |  |  |  |  |
|   | Membership dues |   |   |   |   |   |
|   | Research supplies specific to your research study, e.g. tests, mice, genetic testing, prizes for children (subjects), NOT basic lab supplies. |
|   | Training or course fees (for something not offered at SU, e.g. statistical analysis…) |   |   |   |
|  | Other: Please describe below, or just add any comments pertaining to your funding request, if you wish. |  |
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| **Approvals: Faculty mentor** |  | **Research committee rep** |  |

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|  **Date** |  |  **Date** |  |