TERMS OF RESEARCH AWARD

I acknowledge that all statements presented by me in this application are true. I am prepared to fulfill the obligations set forth herein.		
In addition, I agree to submit progress reports on or befor activities to the Faculty Research Committee. Upon com and a financial report will, be submitted to the Commi Business Affairs and Treasurer, respectively. The narrativundertaken, as well as results.	pletion of my research, a final narrative report ttee, the Provost, and The Vice President for	
Failure to complete the project and/or separation from the of this research grant. Specifically, I agree to repay the resor one year following the award.		
Application's Signature:	Date:	
Amount Requested: \$ Department Chair:		
School Dean:	Date:	
Provost:	Date:	
OFFICIAL USE ONLY		
FUNDED: YES N	NO	
AMOUNT AWARDED: \$		
START DATE: END DA	ATE:	

(Rev. 3/02)

FACULTY APPLICATION FOR HAMPTON UNIVERSITY RESEARCH FUNDS

DAT	`E:		
1.	Applicant's Name	_	
2.	University Affiliation (Department, School/Division):		
3.	Academic Rank:	_	
4.	Date Appointed to Present Rank:	_	
5.	Number of Years at Hampton University:		
6.	Tenure Status: Yes No	_	
7.	Contract Status (Check Appropriate Space): Instructional Faculty Contract Academic Support Contract Special Program/Project Contract (Restrictive) Laboratory School Contract Under Contract Other (Specify)		
8.	Hampton University Funding Source {Committee or fund granting organization):		
9.	Have you requested research funds from Hampton University in the past?		
	Yes No (If yes, describe outcome).		
	Date Requested		
10.	Give title of the project for which funds are being requested.		
(Rev	v. 10/99)		