



UNIVERSITY RESEARCH COUNCIL
OFFICE OF GRANTS AND RESEARCH SERVICES
2020 APPLICATION FORM

APPLICATION CATEGORY:

Summer Stipend
 Research Grant

COLLABORATIVE PROPOSAL:

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: Junior/Untenured Faculty

Senior/Tenured Faculty

Submission Status: Have received prior URC award

Have not received prior URC award

Proposed project represents new research area

PROJECT INFORMATION:

Title of Project: _____

Project Period: From _____ To _____

Project Location: _____

Amount Requested: \$ _____

Field of Study: _____

As an assessment method, we may share some proposals anonymously with a colleague outside Seton Hall after this year's award evaluation cycle. Note that inclusion of your proposal is optional and you may decline to be included in this follow-up with no effect on the evaluation of your project. Please indicate if you would be willing for your proposal to be included (anonymously) in this assessment:

I assent to my proposal being included in this project. I understand that this will be for assessment purposes and will not change the evaluation of my proposal.

I would rather that my proposal not be included in this project.

Applications **must be received** in the Office of Grants and Research Services by **FRIDAY JANUARY 24, 2020, at 4:45 PM**, via the following email address: grantsoffice@shu.edu. No proposals will be accepted after the closing date. Failure to include any of the information requested in the URC Guidelines may result in the rejection of the proposal without review.

Approved Date: _____

Approved Amount: _____