# CAHSS DEAN’S RESEARCH FUND APPLICATION: COVER SHEET

APPLICANT NAME:

DEPARTMENT/PROGRAM:

ACADEMIC RANK:

E MAIL: CAMPUS PHONE:

PROJECT TITLE: \_

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| CURRENT EXTERNAL OR INTERNAL (including sabbatical) RESEARCH SUPPORT (NOTE THE PRECISE START AND END DATES FOR CURRENT RESEARCH): |
| PREVIOUS 5 YEARS EXTERNAL OR INTERNAL RESEARCH SUPPORT (INCLUDE DATES AND AMOUNTS): |
| OTHER CONCURRENT OR PENDING APPLICATIONS?  Yes No |
| If yes, please specify source (select all that apply):  UMBC START UMBC SFF UMBC CIRCA/CAHSS SFRF  DRESHER/CAHSS SFRF IRC/CAHSS SFRF MIPAR/CAHSS SFRF  CAHSS Research Fellowship \_\_CAHSS Pedagogy & Teaching Award  \_\_ CAHSS Student Research Assistance |
| Other: |

***I have read and accept the conditions of the CDRF program:***

APPLICANT'S SIGNATURE: DATE

CHAIR'S SIGNATURE: DATE