COLLEGE OF SCIENCE AND MATHEMATICS
RESEARCH INCENTIVE AWARD APPLICATION FORM, 2012-2013

(Include this form with application package. Application due date is 5PM, Friday, December 9, 2011)

Faculty Name                    _____________________________
Department                       ______________________________
Title of Research Project   _______________________________________________________
                                                                 _________________________
Current Rank                      __________________________
Years in Rank                      _________________________

Type of Award Being Requested (check only one):

A) Three hours of re-assigned time_______
   If (A) is checked, indicate the semester of re-assigned time (Fall or Spring) __________

B) Monetary support for research assistant and/or travel, 2011-12 academic year ______
   If (B) is checked, requested amount of reward ($3000 maximum) ______

____________________________________________________

(This section to be completed by Department Chair)

Faculty member’s expected Fall, 2012 teaching assignment, excluding this award: ________ hours
Faculty member’s expected Spring, 2013 teaching assignment, excluding this award: ______ hours

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Department Chair Signature _______________________________                      Date ______________
Faculty member Signature  _______________________________                     Date ______________
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