

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

Department Chair Signature _____

Date _____

Faculty member Signature _____

Date _____
