

SERC GRADUATE STUDENT RESEARCH FUND REQUEST

Save a copy of the completed form for your records
Applications should be emailed to Sue Dolce, (s.dolce@tcu.edu), Dean's Office



Name: _____ TCU Email: _____

Department: _____ Department TCU Box: _____

Degree in Progress: MS Ph.D.
Anticipated Degree Completion Date (mm/dd/yy): _____

Request for Funding (Check all that apply): Total SERC Funds Requested: \$ _____

Purchase for research Travel to conduct research

Brief Summary of Request with title (including travel dates where applicable):

Required Attachments: (in PDF format)

- Description of project related to funding request (1-2 pages; PDF)
- Total project budget (spreadsheet) and explanation of how SERC funds will be used (PDF)
- Letter of support from student's faculty advisor (to include explanation why alternate funding sources are unavailable or insufficient) (1 page; PDF)

Are other source of funding available: **If Yes, please list sources and amount:**
Yes No

ENDORSEMENTS: (Original signatures required)

Applicant Name (PRINT): _____

Applicant Signature: _____ Date (mm/dd/yy): _____

Faculty Advisor Name (PRINT): _____

Faculty Advisor Signature: _____ Date (mm/dd/yy): _____

Dept. Chair Name (PRINT): _____

Dept. Chair Signature: _____ Date (mm/dd/yy): _____

Note: The Chair is committing to the Department cost share as specified in guidelines

Office use: GSRF number: _____ [Rev 20200220] Amount approved: \$ _____ Funding Expiration Date: _____
