



WICHITA STATE  
UNIVERSITY  
RESEARCH ADMINISTRATION

Today's Date:

Faculty Name:

Department:

Dean/Chair Name:

Dates of when the project will be performed:

Research Project Title:

SRO Fund/Org:

SRO Fund \$ Amount:

Faculty's confirmation. *I'm currently and/or will not be appointed/have effort on any other research projects or start-up funding during the summer period:*

Detailed description of the summer research project :

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Dean Approval:

Date:

Chair Approval:

Date:

AVP Research Approval:

Date:

Provost Approval:

Date:

Office of Research Funding Approval: