



NORTHWEST
MISSOURI STATE UNIVERSITY

Graduate School

257 Administration Building
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www.nwmissouri.edu/graduate

Request for Thesis Research Funding

Funds reimbursed upon submission of receipts and appropriate paperwork.

Name _____ SS # _____

Student ID # **919** _____

Graduate Program _____

Thesis Title _____

Thesis Advisor _____

DETAILED BUDGET AS FOLLOWS: (The funds are reimbursed for research activities only; thus, they cannot be used to cover regular typing, printing, binding or costs of producing the thesis.)

TIME FRAME FOR USING FUNDS, IF APPROVED: _____

Copy of research proposal is attached.

This proposal should not be more than 2-3 pages in length and should include:

- 1) A clear statement of the problem to be researched (hypothesis and/or specific objectives).
- 2) A clearly stated research design.
- 3) A brief summary supporting the need for the research.
- 4) Time frame/calendar year for research.

Student Signature

Graduate Dean

Thesis Advisor

Date

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