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| **SPONSOR INFORMATION:****Name:**      **Department** **Signature:** | Undergraduate Research Grant ProposalFunding Period: Check one box[ ] Fall 2019 and Spring 2020 (due 9/12/19)[ ] Fall 2019 (due 9/12/19)[ ] Spring 2020 (due 1/23/20)[ ] Summer 2020 (due 3/19/20)[ ] Fall 2020 –Supplies Only (due 5/6/20) | **Department Chair Signature:** |
| **Project Title:**        |
| **UMW Institutional Research Board:**Not Required: [ ]  Required:[ ]  Date of Application:  |
| Student(s) Information (Add list if needed for a larger group) |
| **Name:**      **GPA** **Email:**      | **Name:**      **GPA****Email:**      | **Name:**      **GPA****Email:**      | **Name:**      **GPA**      **Email:**      |
| **Description of Proposed Activity:**      |
| **List the frequency and nature of the interaction between the student and the sponsoring faculty member during the project:**      |
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| **Travel Information:****Travel to Attend Conference****Conference Information:** Attachsupporting documentation of participation (e.g., letter of invitation or acceptance) Conference Title:      Location:       Dates:       |
| Travel for ResearchLocation:      Dates:       |
| Budget: |
| Travel Expenses: For travel, use Commonwealth of VA guidelines for lodging and *per diem.* Contact AP for abroad lodging and per diem rates. All travel is to be entered in Chrome River.NOTE: For International travel, you are required to enroll in medical insurance offered through UMW’s Center for International Education (CIE). Contact CIE (ext. 1434) for more information.  |
| **Travel Budget Expenses:** | # of students | # of days | Cost per student/per day | Total |
| **Conference Fees:** |       |       |       |       |
| **Hotel (# of nights):** |       |       |       |       |
| **Per diem:** |       |       |       |       |
| **Per diem (travel days):** |       |       |       |       |
| **Travel Expenses:** |       |       |       |       |
| Transport to/from airport  |       |       |       |       |
| Mileage: |       |       |       |       |
| Parking fees: |       |       |       |       |
| Other expenses: |       |       |       |       |
| Grand Total |  |       |
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| Supply Expenses: List the supplies needed, cost, and total for fund request. NOTE: Supplies should be purchased with department credit card. Must follow Commonwealth of VA rules and regulations.

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| Description: | # of item | Cost per item | Total Cost |
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| **TOTAL REQUEST:** | $       |

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| **[ ] Contact University Relations for photo opportunities of work in progress.** **Report all awards received at conferences, etc.,** to **t**he Office of University Relations and Communications: Phone: (540) 654-1055. |
| **Faculty Sponsor Rationale Statement:**       |