

Research Project Information form

Attachment to a [DDD Memorandum](#) from:
University Honors Program; 12/17/1996
Sheila K. Dickison, Director

Research Project Information form

Name: _____

Project
Title: _____

College: _____

Field of
Research: _____

Sponsoring
Agency: _____

Campus Address: _____

Phone Number: _____

E-mail
Address: _____

Project
Description: _____

Requirements for
applicants: _____

Starting Date: _____/_____/_____

Ending Date: _____/_____/_____

Number of available academic year positions: _____

Available summer positions: _____

Please place a check in the appropriate column next to each statement:

Yes		No
_____	Independent Study	_____
_____	Work Study	_____
_____	Salary	_____
_____	Volunteer	_____

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