

# Faculty PSAG Application

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Faculty Name:

Funds are requested for:

Research Supplies

On-campus Speaker / Event

Other

Have you received funding from this committee before?

Yes

No

If yes, when and for what purpose?

Date of event or project:

Date funds are needed:

Total of funds requested:

Title of Project / Event:

## **Project Description**

*Please include a description of the purpose and objectives of the project or event to be funded.*

## **Student Impact/Involvement**

*Please describe the impact of the project or event on students including whether the impacted students will be graduate or undergraduate, the number of students involved, and how this project / event will enrich students' educational experience.*

