## **Faculty PSAG Application**



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.

## **Budget Description**

Item	Cost	Quantity	Total Per Item		
	-				
		Total Anticipated Expenses			
*Feel free to include a	dditional pages for project descri	ption, student impact, or budget o	description as needed.		
Faculty Signature		Date			
Submit to Psychology Department Custom Textbook Committee Chair (AY 24-25: Tiffany Rogers, tiffany.rogers@mtsu.edu)					
	, , , , ,				
For Department Use	Only:				
Application Approved:	Yes No				
Amount of Approved Fund	ling:				
Committee Chair Signature	e (signature upon approval)				