

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 additional pages for project description, student impact, or budget description as needed.*

Faculty Signature

Date

Submit to Psychology Department Custom Textbook Committee
Chair (AY 25-26: Tiffany Rogers, tiffany.rogers@mtsu.edu)

For Department Use Only:

Application Approved: Yes No

Amount of Approved Funding:

Committee Chair Signature (signature upon approval)

Date