For Faculty Mentors Only:
Registered for 469R or other (optional): _____
☐ Winter ☐ Spring ☐ Fall

Dept. Chair Sign. _____

IWORK Student ☐
☐ Winter _____
☐ Spring _____
☐ Fall _____

STUDENT RESEARCH ASSOCIATESHIP APPLICATION

Background Information

Name on Passport or Government ID _____ Student ID# _____

Visa Expiration Date (Int'l Std. only): _____

Email _____ Date _____

Department/College _____

Faculty Mentor _____
Print Name Signature

Proposal Title _____

Last Semester GPA _____ Cumulative GPA _____

Year in School _____ Current Course Load _____

Estimated Month/ Year of Graduation _____ Total Credit Hours as of Last Semester _____

Budget Information

Students: You are only eligible once for SRA travel award during your BYUH experience.

Total amount requested should be no more than **$2,000**

Type of Expense	Requested from Student Research
Travel:	
Airfare	
Hotel	
Ground Transportation	
Conference Registration	
Total	

Conference Name	Location	Dates

Activity	Winter Semester Research	Spring Semester Research	Fall Semester Research
Reminder Info. Sent	Jul. 6	Nov. 2	Mar. 2
Proposal Deadline	Sep. 13	Jan. 4	May 6
Results Available	Oct. 12	Feb. 8	June 11
Funds Available	Jan. 1	May 1	Sep. 1
Progress Report Due	Apr. 11	June 18	Dec. 14

Please attach your application and proposal in an email to admin_aid@byuh.edu.
The subject line should include the words "Student Research Associateship."
All students need to attend the Mandatory Meeting