

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 _____
 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

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
Proposal Deadline	Oct. 15	Feb. 1	Jun. 1

**Please attach your application, proposal and any approval notifications/letters in an email to
 admin_aid@byuh.edu.
 The subject line should include the words “Student Research Associateship.”**