

PROSPECTUS FOR SFSU-SPA STUDENT/ FACULTY RESEARCH STIPEND PROGRAM



Title of Research Project:

Student Investigator: _____

Principal Investigator and Department:_____

Please State the Semester(s) For Which The Research Stipend is Requested:_____

1. Please provide a brief description (≤ 150 words) of your proposed project. Include the significance of the project in your description.

 Please describe briefly (≤ 100 words) how receiving an SFSU-LSAMP stipend will help you in this project.

3. What is the anticipated date of completion of this project?

Signature of Faculty Mentor/Supervisor

Date

Signature of Student Investigator

Date

Note: Any posted or published results must show support from CSU Chancellor's Office Grant No. HRD-2308501.