



OUR GRANT Project Description Form 2009-2010

Office of Undergraduate Research
368 Fairfield Way
CUE 419, Unit-2147
Storrs, CT 06269-2147

Telephone: (860)486-6255
Facsimile: (860)486-0222

e-mail: our@uconn.edu
web: our.uconn.edu

Student Name:

Student Admin Number:

Project Description: Describe your research and expected use of your OUR Grant.
Please use 10pt. font and only the space below.

Return completed packet to:
Marlene Coughlin, Center for Undergraduate Education (CUE) Room 419, U-2147



OUR GRANT

Budget Form Research Expense Grant 2009-2010

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Name: _____ Student Admin #: _____
Please list **all** expenses on this form, even if they exceed the \$500 limit of the OUR Grant.
Whom will the OUR grant reimburse? Student Faculty
If faculty, please provide a ledger 2 FRS account #:

<i>Category/Item</i>	<i>Explanation</i>	<i>Amount</i>
Research and Equipment Supplies		
Miscellaneous Supplies		
	Total Amount Needed	
Funds from other sources		
<i>Please list sources and amounts of any additional funding supporting this project..</i>		

Approved: YES NO

Amount Awarded: _____ Date: _____

Signature: _____

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