

Student Information	Funding Information
TUId	Cost Center/Account <input type="checkbox"/> External Funding <input type="checkbox"/> Internal Funding
Name	Cost Center/Account <input type="checkbox"/> External Funding <input type="checkbox"/> Internal Funding
Degree/Program	

Academic Year: _____

School/College: _____

Dept./Instructional Unit/Center/Institute: _____

Supervisor(s): _____

Project Title: _____

Semester	Type of Research*	Hrs/Wk		Calculated Clock Hrs/Wk
			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

Semester	Type of Research*	Hrs/Wk		Calculated Clock Hrs/Wk
			x 1.00 =	
Description of Duties:				
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			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

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			x 1.00 =	
Description of Duties:				
Type of Performance Monitoring:				

* May include archival, clinical, field, laboratory, library, museum, survey, or other.

Dept. Chair or Center/Institute Director	Signature of Chair/Director		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Designated University Officer or Designee	Signature of University Officer/Designee	Date