

**A PROPOSAL TO
THE FACULTY RESEARCH AND CREATIVITY COMMITTEE
EMPORIA STATE UNIVERSITY**

Title of Proposal:

Name of Applicant(s):

Rank:

Department:

Requested for:

Year-Long OOE:

Summer OOE:

Graduate Assistantship:

Total Budget Request:

Project Period: Beginning:

Ending:

Project Abstract. Use only the space provided.

Signature of Applicant(s)

Date

The signatures below do not imply an evaluation of merit, but acknowledge release time, budgetary considerations, and use of divisional resources as indicated herein.

Department Chair

Date

School/College Dean or
Grant Coordinator

Date