Frederick Honors College
BPHIL RESEARCH FUNDS

NAME: _____

PEOPLESOFT ID NUMBER: _____

ADDRESS: _____
(Street Address / Apt. No.)

_____
(City, State, Zip Code)

EMAIL: _____ PHONE: _____

BPHIL APPROVED: ☐ Yes ☐ No   ANTICIPATED GRADUATION DATE: _____

BPHIL CHAIR & DEPARTMENT: _____

$-AMOUNT REQUESTED: _____

RESEARCH PROJECT/TITLE & SHORT DESCRIPTION: _____

_____

_____

_____

_____

PLEASE ATTACH DETAILED COST ESTIMATION.

DO NOT WRITE BELOW THIS LINE (FOR HONORS COLLEGE USE ONLY)

BPHIL VERIFICATION

APPROVED: ☐ Yes   ☐ No

_____
(Signature & Date)

APPROVED: ☐ Yes   ☐ No

_____
(Signature & Date)