

# Faculty Research Mini-Grant Pilot Program Application



## Signature Approval Page

Project Title \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (please print)                      Signature                      Date

\_\_\_\_\_  
College                                      Phone #

\_\_\_\_\_  
Director's Name (please print)                      Director's Signature                      Date

\_\_\_\_\_  
Dean's Name (please print)                      Dean's Signature                      Date

*Please return this page to Ray McCandless, ATS Director.*

