# Course Based Research Application Form

## Applicant Faculty/Researcher

|  |  |
| --- | --- |
| Name: | |
| Department/School: | |
| Email: | Telephone: |

## Course

|  |  |  |
| --- | --- | --- |
| Course Name: | | |
| Course #: | Delivery Term: | Project Mark: |

## Proposed Research Project

Title:

Project Description (Challenge, Solution and Outcomes):

Project Timeline and Workplan:

Start Date: End Date:

Requires Resource: (Equipment, Material:

Requested Budget and Justification:

Is this project part of a Collaborative project? (If yes please provide the research project title.

Partner Information:

## Student Participants

Name(s):

## Signatures

Faculty/Researcher:

Research Department: