

Central Connecticut State University

GRANTS & FUNDED RESEARCH

Internal Grant Proposal Cover Sheet

SUBMISSION DATE	
PRIMARY FACULTY APPLICANT	
DEPARTMENT	
DESCRIPTIVE TITLE OF PROPOSAL	
Faculty Co-Applicant(s)	
Student Co-Applicant(s) <i>Please include Student ID# and status: G- Graduate or UG- undergraduate.</i>	

TYPE OF GRANT (check one)

<input type="checkbox"/>	Full-Time Faculty Development	<input type="checkbox"/>	Faculty – Student Research
<input type="checkbox"/>	Part-Time Faculty Development	<input type="checkbox"/>	Curriculum Development

AMOUNT REQUESTED \$