

Master of Science in Psychology - Online Research Funding Request Form

Student Na	ent Name:			
Today's Date:				
Purpose:	Participant Payment	Copy Costs		
	Survey Costs	Other (please specify):		
Name of Faculty Member Who is Advising Research:				
University A	Affiliation of Faculty Advisor:			
Email of Fac	Participant Payment Copy Costs Survey Costs Other (please specify): culty Member Who is Advising Research: culty Advisor: culty Advisor: culty Advisor: funding requested (up to \$750): ceived funding from MS Psych Online before? Yes: ne list the amount, purpose, and date: ACH EMAIL FROM FACULTY ADVISOR CONFIRMING RESEARCH. Patential Company Continued on the Company Continued on the Company Continued on the Company Continued on the Continued on the Company Continued on the Company Continued on the Conti	mail of Faculty Advisor: mount of funding requested (up to \$750):		
Amount of				
Have you received funding from MS Psych Online before? Yes: No:				
PLEASE ATT	ACH EMAIL FROM FACULTY A	ADVISOR CONFIRMING RESEARCH.		
Student Sig	nature (electronic signature a	ullowed) Date		
	,	moved, but		
Approved b	y Director of MS Psychology:			
MS Psych D	irector Signature	Date		
(To be com	be completed by MS Psych Director) APPROVED AMOUNT: \$			

Please submit completed form to <u>Kjwesto2@asu.edu</u>