

**ELIGIBILITY:** Graduate, credential, or undergraduate students enrolled in a Lurie College of Education program are eligible to apply. Students are limited to **one research request per fiscal year** (July 1 – May 15). The Lurie College of Education’s intent is to support our students’ research, and the faculty members who mentor them, by helping provide materials or supplies that can advance their research goals. **All applications will be reviewed and approved based on funds availability.**

- The maximum award is \$250. One award per academic year per student.
- This is only for "new" supplies. We are not able to reimburse costs already incurred by the department or the student.
- Unallowable costs include: printing or binding of project paper, travel expenses, student salary, administrative support, faculty salary, expenses associated with completing degree requirements or meeting licensing/certification requirements, incentives or gifts for participants, food for research participants, and attendance at conferences, meetings, or symposia.
- EdD students must use their EdD PD funds before requesting funding for Student Research Supplies.

**REIMBURSEMENT:** Save all **detailed original** expense receipts. Deadline to submit all reimbursement receipts is **May 15, 2024.**

**To be completed by student:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Email: \_\_\_\_\_ Undergraduate \_\_\_\_ Credential \_\_\_\_ Graduate \_\_\_\_  
Major: \_\_\_\_\_  
Department: \_\_\_\_\_ Faculty Sponsor: \_\_\_\_\_

**Briefly describe the research project:**

**Indicate what supplies will be used to purchase/help for:**

Funding Amount Requested (max \$250) \$ \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

My signature indicates that I am the student’s sponsor on this research project and I approve this application.

**Faculty Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit completed form to Maria Munoz, [maria.munoz@sjsu.edu](mailto:maria.munoz@sjsu.edu). Deadline to submit form is May 15, 2024.**

**TO BE COMPLETED BY LCOE:**

\_\_\_\_\_ Approved Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Not Approved Associate Dean Signature: \_\_\_\_\_