

AAG Cartography Specialty Group Master's Thesis Research Grant Application Form

By submitting this form, I agree to accept responsibility for the scientific conduct of this project. I certify that the information that is included in this application is true and complete to the best of my knowledge and understand that willful provision of false information is grounds for rejection of the application. I also understand that I must receive my advisor's approval for this application, and that by submitting this form I am indicating that approval has been given for the research described in this application and its related budget. I further understand that I must receive approval from the human subjects review board at the institution where I am currently enrolled before funding will be awarded for research involving human subjects.

Applicant information

Name:

Academic affiliation (department, college or university):

Anticipated graduation date and expected degree:

E-mail:

Daytime phone:

Mailing address:

Advisor information

Name:

E-mail:

Daytime phone:

Title of thesis

Description of the research plan

Budget

Total amount of funding requested:

Would you be willing to accept partial funding if the entire requested amount is not granted?

List each budget item and indicate its associated cost and provide a brief justification of the expenses. Please list additional sources of funding for expenses exceeding the amount requested from the Master's Thesis Research Grants.