# Course Based Research Application Form

## Applicant Faculty/Researcher

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

## Course

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| 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: