COLUMBIA COLLEGE SENIOR THESIS FUNDING APPLICATION

Section 1 – To be completed by student: PLEASE PRINT CLEARLY

NAME: _____   DATE: _____

CU EMAIL: _____   UNI: _____

PROJECT TITLE: _____

Project Summary (*provide a brief overview; do not attach additional pages*):

Project start date: Project end date:

Project Budget:

Expense & purpose	Amount
e.g. Round trip to Boston to visit archive	*$120.00*
Total amount requested	

RETAIN ALL RECEIPTS IN ORDER TO RECEIVE FULL REIMBURSEMENT

Section 2 – To be completed by department and faculty:

Faculty Advisor (please print): _____   Department: _____

Signature of approving DUS: _____   Date: _____

By your signature, you are certifying that the overall amount requested by students in this department is no greater than an average of $250, and no one student is receiving more than $500.

Section 3 – To be completed by Columbia College Office of Academic Planning and Administration:

Date(s) Processed:_____ AP CAR Authorization Code:_____