

Summer Activity Plan

Faculty Name:

Email Address:

Phone:

Field Work: Yes No Campus Office: Yes No Laboratory: Yes No

Location of Research (Bldg/Room #):

Sponsor:

Fund #:

Grant End Date:

Requesting Undergraduate Student Access? Yes No

Names of Faculty (F), Graduate Student (G), Undergraduate Student (U), Other (O):

<u>Name</u>	<u>% of Time & Effort</u>	<u>Dollar Amount</u>
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Summer work will continue per the plan put forth in the original or revised proposal:

Yes No

Research Description (approximately 50 words):

Approvals:

College Approval:

_____	_____	Approved	Denied
Printed Name	Signature		

VP for Research and Economic Development:

_____	_____	Approved	Denied
Printed Name	Signature		

Provost Approval (for Non CoM):

_____	_____	Approved	Denied
Printed Name	Signature		