

ARKANSAS TECH UNIVERSITY
RUSSELLVILLE, ARKANSAS

SPONSORED PROGRAMS
APPROVED FOR SUBMISSION

TITLE OF PROJECT _____ DURATION _____

PROJECT DIRECTOR _____ DATE SUBMITTED _____

GOVERNMENTAL AGENCY PRIVATE _____
SCHOOL OF _____ DEPARTMENT OF _____

BRIEF DESCRIPTION OF PROJECT OR PROGRAM

Grant Request \$ _____

TECH Share \$ _____

Total Cost \$ _____

This program has been reviewed and approved by:

Applicant's Signature

Date

Department Head

Date

Dean of School

Date

Vice President for Development

Date

Vice President for Academic Affairs

Date

Vice President for Finance/Administration

Date

President