

**Sydney and J.L. Huffines Institute of Sports Medicine and Human Performance
Graduate Student Research Grant Cover Page**

Name _____ Phone # _____ Date: _____

Email: _____ Unit/Department: _____

Advisor's Name: _____

Advisor's Email: _____

Graduate Classification (MS, PhD student): _____ Anticipated graduation semester/year: _____

Hours enrolled this semester: _____ Degree hours completed to date: _____

Milestones:

Degree plan submitted

If PhD, comprehensive exams passed

Dissertation or Thesis proposal accepted

Research Project Title (75 character maximum): _____

Required Signatures:

Applicant Signature

Printed name of Applicant

Huffines Affiliate Faculty Advisor Signature* Printed Name of Advisor

*By my signature, as the Advisor of this student, I affirm that this student is the sole author of this grant and that the funds requested are not duplicative of other funded projects in our lab.