



## NAINA Student Research Award/ Research Support Grant

### RESEARCH PROPOSAL FACULTY APPROVAL FORM

1. Researcher	
Name	
Address	
Signature/ Date	
Research Proposal Title:	
2. Institution of Study	
Name	
Address	
3. Research Advisor	
Name	
Title	

#### Statement by the research advisor/ committee chair

I certify that this proposal has been approved by the thesis/ dissertation committee and that all appropriate approvals have been or will be obtained prior to the initiation of research. I recommend this student for the NAINA Graduate Student Research Award.

\_\_\_\_\_  
Signature of Research Advisor/ committee chair

Date \_\_\_\_\_