

SEAS MASTER'S PRACTICUM GRANT

Members' Names	Members' Signatures	UMID#	Citizenship Country
			Citizensinp Country
) Research budget (use budgette) Budget support text (if needed)) A letter of support from the grou) A research proposal (maximum 1) If budget includes international t 	p's faculty advisor	f of HTH Worldwide insur	ance purchase is require
Client:			
otal Funding Amount Requested	(maximum = \$1,500 x # of group members)	: \$	
nt'l Travel?	If yes, specify country:		
Recommended by (faculty advisor)):	Uniqname:	

 $Submit\ completed\ form\ to\ SEAS-financial-aid@umich.edu,\ Office\ of\ Academic\ Programs,\ room\ 1520\ Dana.$

