

SEAS MASTER'S PROJECT GRANT

		Date:	
Project Members' Names	Project Members' Signatures	UMID#	Citizenship Country
4) Budget support text (if need5) Letter of support from the p6) Funding proposal (maximum	ummary budget (use budgettemplate) ded) project's advisor	⁻ H Worldwide insuranc	e purchase is required.
Title of Project:			
Client:			
Total Project Funding Amount	t Requested (maximum = \$1,500 x # of group members)	\$	
Int'l Travel? No	Yes If yes, specify country:		
Recommended by (faculty pro	oject advisor):	Uniqname:	
Project Advisor's Signature:		DATE:	

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

