ISGC Student Experiential Opportunities (Hands-On) Proposal Form

We, the undersigned, certify information provided is correct and we will abide by stated requirements.

Student Proposer: _____ Signature: _____
Typed Name Date: _____

University: _____

Project Title: _____

Total ISGC Funds Requested: $_____
Total Non-Federal Match (cash or in-kind), optional: $_____
(do not list waived indirect here)

Faculty Mentor: _____ Signature: _____
Typed Name Date: _____

Business Office Representative Signature*: _____
Date: _____

*At ISU, the department chair signs. At DMACC, Drake, Iowa, Loras or UNI, please use institutional contracts and grants, or sponsored programs office personnel.