

**Minnesota River Board Undergraduate Research Grant
Proposal Cover Sheet
2010 - 2011 Academic Year**

Name of Student

Mailing Address

E-mail Address

College or University

Major/Date of Graduation

Title of Research Proposal

Total Funds Requested

I certify that I am a student in good standing at the institution named above. If awarded, I understand and agree to adhere to the responsibilities associated with acceptance of this grant.

Student's Signature

Name of Faculty Research Advisor

Mailing Address

Telephone Number

E-mail

Academic Department

I certify that the above student is an undergraduate at the institution named above and I agree to supervise his/her research. If awarded, I understand that I am ultimately responsible for compliance with the responsibilities associated with acceptance of this grant.

Faculty Advisor's Signature