STUDENT RESEARCH PROJECT APPLICATION FORM

Academic Year _____

UCLA Graduate Student Name:				Date:		
XPERIMENTAL SUBJECTS: There is not an official standard pay rate. Typically the most common rate is 10/hr, pro-rated for session durations of 30 minutes or less. Please let us know if your there are any unusual recumstances that might justify more than \$10/hr. ow many subjects total? How many hours total? Total funding request: ANGUAGE ASSISTANTS: Assistants that are hired by the department are typically paid about 26.42/hr. This is not a negotiable amount. Timesheet submission is required of all HIRED language assistants satistants paid through the RHSD form do not have to submit timesheets. STUDENTS MUST keep TIME ARDS to keep track of hours worked with ALL assistants. ow many assistants? How many hours total? Total funding request: heck all that apply: Fall Winter Spring Summer ssistant Name: Total Hours: heck all that apply: Fall Winter Spring Summer ssistant Name: Total Hours: Total Hours: Total Hours: heck all that apply: Fall Winter Spring Summer						
Please check one:	Dissertation	on T	nesis	Other:		
\$10/hr, pro-rated for se	ession duratio	ons of 30 min	utes or less.			
How many subjects tot	ow many subjects total? How many hours total? Total funding request: ANGUAGE ASSISTANTS: Assistants that are hired by the department are typically paid about 6.42/hr. This is not a negotiable amount. Timesheet submission is required of all HIRED language assistants paid through the RHSD form do not have to submit timesheets. STUDENTS MUST keep TIME					
\$26.42/hr. This is not a Assistants paid through	a negotiable and the RHSD f	amount. Tim Form do not h	esheet submi	nission is required of all HIRED language assistant nit timesheets. STUDENTS MUST keep TIME		
How many assistants?	Н	low many hou	ırs total?	Total funding request:		
Assistant Name:				Total Hours:		
Check all that apply:	Fall	Winter	Spring	g Summer		
Assistant Name:				Total Hours:		
Check all that apply:	Fall	Winter	Spring	g Summer		
Assistant Name:				Total Hours:		
Check all that apply:	Fall	Winter	Spring	g Summer		
Please have your Fact	ulty Advisor	fill out and	sign this sec	ction. (request is incomplete without Faculty Advisor signature).		
Is the student enrolled in	a Ling 590 co	ourse under you	ır name?	(if not the student will not be approved for funding).		
Faculty Advisor Name	: <u></u>					
Faculty Advisor signat	ure:					