STUDENT RESEARCH PROJECT APPLICATION FORM

		Academic	Year		
UCLA Graduate Student Name:				Date:	
PROJECT: Describe in a few sentences what the project is designed to test, what task(s) the participants will be doing, and how this relates to your graduate study.					
Please check one:	Dissertatio	n Th	esis	Other:	
	ssion duration	ns of 30 minu	tes or less. F	ard pay rate. Typically the most common rate is Please let us know if your there are any unusual	
How many subjects tota	al?	_ How many	y hours total?	? Total funding request:	
\$27.21/hr. This is not a	a negotiable a the RHSD for	mount. Time orm do not ha	esheet submis we to submit	department are typically paid about ssion is required of all HIRED language assistants timesheets. STUDENTS MUST keep TIME	
How many assistants?	H	ow many hour	rs total?	Total funding request:	
Assistant Name:				Total Hours:	
Check all that apply:	Fall	Winter	Spring	Summer	
Assistant Name:				Total Hours:	
Check all that apply:	Fall	Winter	Spring	Summer	
Assistant Name:				Total Hours:	
Check all that apply:	Fall	Winter	Spring	Summer	
Please have your Fact	ılty Advisor	fill out and s	ign this sect	ion. (request is incomplete without Faculty Advisor signature).	
Is the student enrolled in	a Ling 590 co	urse under you	r name?	(if not the student will not be approved for funding).	
Faculty Advisor Name:	: <u> </u>				