

COLUMBIA COLLEGE SENIOR THESIS FUNDING APPLICATION

Section 1 – To be completed by student. PLEASE WRITE CLEARLY

NAME: _____ SSN: _____ EMAIL: _____ DATE: _____

Lerner Hall or home address (NOTE: check will be mailed to this address):

Project Title: _____

Project Summary:

Project start date:

Project end date:

Project Budget:

Expense & purpose	Amount
<i>e.g. Round trip to Boston to visit archive</i>	<i>\$120.00</i>
Total amount requested	

Section 2 – To be completed by department and faculty:

Faculty Advisor (please print): _____ Department: _____

Signature of DUS approving request: _____ DATE: _____

By your signature you are certifying that the overall amount requested by students in this department is no greater than an average of \$250, and no one student is receiving more than \$500.

Section 3 – To be completed by College Business Office:

Date(s) Processed: _____ AP CAR Authorization Code: _____