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No. _____

GOLD FORM REQUEST FOR RESEARCH SERVICES

Office of Graduate Studies & Research
FOR APPALACHIAN STATE UNIVERSITY FULL-TIME FACULTY USE ONLY

Name _____ Dept _____ Date _____

Telephone No. _____ Email Address* _____

**Please include your email address for notification of funding decision.*

Services Requested (Please request only one service per form)

Page Charges (Attach **Original** Invoice)

Photocopying: Please specify below complete instructions for copies. *Five days advance notice required

_____ No. of Copies _____ No. of Pages _____ 2-Sided _____ Collate _____ Staple

Other: supplies, postage, etc. _____

Travel

Travel Destination _____ Travel Dates _____

In general, travel funds are awarded to faculty who are presenting the results of their research/creative activities at a professional meeting. Appropriate documentation of an invitation to present/perform or of the acceptance of an abstract, must be submitted with this request for funds.

***REQUEST FOR TRAVEL AUTHORIZATION FORM MUST ACCOMPANY THIS FORM.
AUTHORIZATION FORM SHOULD HAVE DEPARTMENTAL AND COLLEGE APPROVALS PRIOR TO
SUBMITTING FORM TO THE OFFICE OF GRADUATE STUDIES & RESEARCH.**

*Amount Requested _____

*Funding from Dept _____ *Funding from College Dean _____

*Funding from Other Sources _____

***Requests will not be considered without this information.**

Awarded Amount _____

Approved _____ Robert L. Johnson, Associate Dean