



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

College of Health Sciences

INTERNAL RESEARCH GRANT PROGRAM

COVER PAGE

Project Title:

Principal Investigator:

Email Address:

Department:

Co-investigator(s), if any:

Amount requested (not to exceed \$7,500 for faculty and \$500 for students):

Select which grant for which you are applying:

☐ Faculty Research & Creative Scholarship

☐ Student Research and Travel Grant

Required signatures:

Principal Investigator _____ Date _____

Student Researcher (if applicable) _____ Date _____

Department Chair _____ Date _____