



OFFICE OF EXPERIENTIAL LEARNING (OEL) APPLICATION
FOR STUDENT RESEARCH STIPENDS AND TRAVEL FUNDS

Applicant: Student ID 983-

Email Address: SS#

Home Address

School/Department/Major:

Year in Program:

Faculty Sponsor

Course Details (Prefix, Course #, CRN, Semester)

- Purpose of Funds (Choose1)
- Attend Conference
 - Conduct new research
 - Advance current research

Purpose of the Research Project (publication, presentation, building a dataset, etc.)

Time Frame for Completion:

IRB has approved the project (If approved, attach IRB approval document)

IRB Approval not required faculty sponsor signature confirmation

Review the following [handbook](#) for a comprehensive understanding of investigator's responsibilities

**** IRB Approval is NECESSARY for all Research involving Human / Animal Subjects – NO EXCEPTIONS ALLOWED**

My participation in this research project will benefit my development as a scholar in the following way(s):

- Enhance recognition for my academic program
- Enhance my research competence
- Increase scholarly activity thru collaboration
- Facilitate my exposure to experiential learning opportunities

Applicant Signature:

Date

Faculty Sponsor Signature:

Date

Applicant:

Date:

Explain the objectives of your research project and how this research will benefit you in your program, area curriculum, and discipline: (200 word limit)

Briefly explain how you will share the learning from this research either within our institution or at an external event and how you plan to do this.

(ex - participation in the annual undergraduate showcase, conferece presentation, ...) (150 words)

Please complete the following application and submit to the your faculty sponsor for a signature approval.

The Applicant* is responsible for submitting a signed application to the Director of the Office of Experiential Learning (OEL) via email at knowledgeatwork@mga.edu by the deadline.**

* Only currently registered students are eligible for funds.

** Deadlines are as follow - A rolling deadline will be observed for research funds. Recipients will be selected on a first come, first served basis provided that the above application is complete. Every effort will be made to spread the research stipends over both the Fall and Spring semesters

Note: Funding priority is given to students presenting scholarly work over conference attendance

Note: As all submissions requesting conference travel must include a copy of acceptance letter/email confirming program participation

Note: As a condition of funding, all fund recipients are expected to present their research at the next scheduled Undergraduate Showcase

Note: OEL funds will not necessarily cover all expenses sought - awards typically do not exceed \$200 perrequest.



Applicant:

Date:

Itemized Budget

Items producing cost (Estimated)

Memberships/Conference Registration :

Transportation Expenses (airline ticket cost of ticket or mileage cost) :

Materials and Supplies (attach details) :

Equipment, Computers, Software, or laboratory (attach details on licensing, compatibility & usage; attach details on vendors and cost) :

Meals (calculated per diem) :

Lodging :

Miscellaneous Expenses (attach details) :

Total Cost of the Project :

Sources of funding (Estimated)

Personal Contribution :

Department/Unit support:

Other :

Total Funds Available for this Project:

Total Amount Requested from OEL:

Total Amount Approved by OEL:

Coordinator of Undergraduate Research:

Date:

Director of OEL:

Date:



OFFICE OF EXPERIENTIAL LEARNING (OEL) AGREEMENT
FOR STUDENT RESEARCH STIPENDS AND TRAVEL FUNDS

Recipient Name _____ Student ID# 983-_____

I, _____, understand that I am receiving requesting a stipend of .
I validate that I have completed the bronze level module (Instructions <https://www.mga.edu/experiential-learning/docs/6-Steps.pdf>) and submitted it on this date a pre-qualification for my eligibility to receive these funds. These funds shall being given to me as a result of my agreement to:

I understand that if I do not meet the requirements of my research/travel agreement, the University reserves the right to reduce and/or revoke in full any stipend amount. This may result in my owing a balance to the University. If this occurs, the failure to pay any sums due to Middle Georgia State University will cause in a hold being placed on my account until the balance and all related charges, including collections and reasonable attorney's fees, are paid in full. I understand I will be unable to obtain any records or register for courses until this balance is paid in full.

I authorize Middle Georgia State University or anyone working on behalf of the University to contact me regarding my student account or records at the number labeled as cellular, wireless or text. I understand I may opt out of this contract by logging into my SWORDS account and indicating my preference in the Personal Information Section.

I further understand and agree that my authorization to receive the Experiential Learning Stipend is contingent upon the terms set forth in this agreement.

Signature _____ Date _____