## Undergraduate Research Payment Request - Main Form

Initiator				
Name	Title *	Department *		
Student Information				
First Name * Last Name * Nickname		Colleague ID * Class Year * Major * Email Address *		
		Carleton User ID*		
Award Information				
Is the award being provided by the Office of Student Fellowship?*				

## Award Provided from \*

🔘 DEAN OF THE COLLEGE 🔘 DEPARTMANT 🤍 FACULTY (PDA/GRANT) 🔍 HUMANITIES CENTER 🤍 STE	M BOARD
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Faculty Mentor *	Faculty Title *	Faculty Dept *
Start Date *	End Date*	
Number of Hours per Week * Award Amount *	Number of Weeks *	

Funding Source(s) (use the "Add" buttor		additional funding sou	urces)		
Fund/Grant Name *					
GL Fund* Fund/Grant Name*	GL Source *	GL Dept∗	GL Expense *	Amount *	
GL Fund *	GL Source*	GL Dept*	GL Expense *	Amount *	