

Gender, Sexuality, and Women's Studies Program
401 Cathedral of Learning
Pittsburgh, PA 15260
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STUDENT RESEARCH FUND COVER SHEET

1. Name: _____
2. Current Address: _____
Telephone: _____ E-Mail: _____
3. Permanent Address: _____
Telephone: _____ E-Mail: _____
4. Major/Department/School: _____
5. Expected Degree and Date: _____
6. Name of Referee: _____
7. Research Advisor (grad. students only): _____
8. Title of Project: _____

9. Funds Requested: \$ _____ IRB status if relevant: _____
10. Other funding available or pending: _____
11. Would you accept partial funding for this project? Please specify amount: _____
12. Are you enrolled in the GSWs Certificate program? Yes No