WSU PROP #:	Date:		Amount Requ	ested:	
Name:		myWSU#:		Date Joined WSU:	

Rank/Title:

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Prior URCA, M URPA, ARCS or PCSI Grants: You must include a copy of your most recent Final Report with your application.

Fiscal Year Amount		Type (URCA, MURPA, ARCS, PCSI)	Did this internal award lead to external funding? If so, please provide the name of the external sponsor and award amount .						
If you have received additional internal awards, please add them to the Supplemental Internal Awards page and DWWDFKWKHOWKHOWKANOWICADOM HIRUP.									
Final R	eport(s) Filed:	Yes	No						
Scholar ly Activity and/or Creative Work and resulting from the last three URCA/MURPA/ARCS /PSCI (e.g. papers, books, presentations, performances, grant applications, etc. )									
Scholar ly Activity:									
Creative W ork:									
***FORM WILL LOCK ONCE APPLICANT SIGNS***									
		FORIVI WILL LOCK	Date:						
Applicant Sig									
By signing this page, you are endorsing the project for consideration by the Faculty Support Committee.									
CHAIRPERS	ON:		DATE:						
DEAN:			DATE:						

ELECTRONIC APPLICATIONS MUST BE SUBMITTED TO PROPOSALS@WICHITA.EDU\_AS ONE PDF DOCUMENT.

HARDCOPY APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF RESEARCH, - \$ 5 ' , 1 ( + \$ / / 2 5 CAMPUS BOX 7, AS ONE SINGLE-S IDED DOCUMENT.

APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 PM ON THE DUE DATE.

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