

Student SEAD Grant

Title of Proposal: _____

Names of Lead Investigators (please type/print and sign):

Name (Contact PI)	Department	Email	Date
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Name	Department	Email	Date
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Name	Department	Email	Date
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Name	Department	Email	Date
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Department Head/Chair or Center Director Approval:

By signing, I confirm that I support the faculty member's application and any associated requirements for my department or center:

Name	Department	Email	Date
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Name	Department	Email	Date
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Name	Department	Email	Date
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Name	Department	Email	Date
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Name	Department	Email	Date
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