



NORTHERN ILLINOIS UNIVERSITY

School of Allied Health and Communicative Disorders

College of Health and Human Sciences

Research Support Application

Requests will be reviewed and if funded, you will be notified by the department of the amount approved for reimbursement.

Student Name: _____ Date: _____

Major: _____ Email: _____

Title of Research Project: _____

Estimated Date of Completion: _____

Date of IRB Approval for Human Subjects Research (if appropriate): _____

Funds requested \$ _____

*Attach a description of your research including your research hypothesis, copy of IRB application (if appropriate), and an itemized listing of your proposed expenditures

Student Signature: _____

Faculty mentor signature: _____

*In order to be reimbursed for your professional activities, please remember that you will need to submit original receipts to the department. This includes, but is not limited to airfare, lodging, registration fees, meals, supplies, etc. Receipts must show payment in full and form of payment used. For any questions, please contact the AHCD Main Office at (815) 753-1484.