

UO ID#

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(office use only)



Robert D. Clark Honors College

Study Abroad Thesis Research Grant Application

Name: _____ Today's date: _____
Last First MI

Current Mailing Address: _____
Street Apt City/State Zip

Phone: _____ UO E-mail: _____

CHC admit: _____ Anticipated degree: _____ Major: _____
Term/Year Type/Term/Year

Second major: _____ Minor: _____ GPA: _____ as of _____
Term/Year

Study Abroad site _____ To begin: _____ Return: _____
Term/Year Term/Year

Program: NICSA SIT Other _____

OIP contact: _____
Name Telephone

CHC Advisor: _____ Primary Thesis Advisor: _____

Please describe your thesis project, research goals, and how your study abroad experience will contribute to your project and goals (125 words). (Attach second page if necessary.)

What are your **financial needs**? How will this grant be used? List other sources of financial support (125 words). (Attach second page if necessary.)

By signing below, I assert that all the information I am providing is accurate and factual.

Signature

Date