DEPARTMENT OF SPANISH AND PORTUGUESE
UNDERGRADUATE RESEARCH FUND FOR HONORS STUDENTS

Please fill out this entire form. Notice you will require Faculty signature before its submission. Please print this form and submit a hard copy to the Department administrator.

PART A: Student information
DATE ___________ NAME ____________________________
DARTMOUTH ID #: ___________________ EMAIL ____________________________
HONORS THESIS MAIN ADVISOR ____________________________
DATE YOU LEARNED YOUR HONORS PROJECT WAS APPROVED __________

PART B: Budget
1. Write a brief text stating the purpose of the request
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Dollar amount requested from our department $ ______________

3. Other avenues explored for possible funding as well (Dickey, Dean of Faculty, etc.). If already received, please indicate dollar amount.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

4. If travelling, please provide anticipated travel dates and place ____________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

5. Itemized budget:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Lodging</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Books, Films and/or other purchases</td>
<td>$</td>
</tr>
<tr>
<td>Copyright of images</td>
<td>$</td>
</tr>
<tr>
<td>Others</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
</tr>
</tbody>
</table>

NOTE: The Chair of the department will make a decision based on this proposal and fund availability and will contact you via email no later than the second week of Summer Term.

Student’s signature ____________________________  Advisor’s signature ____________________________