



GLOBAL LEARNING - STUDENT APPLICATION

Name: _____ Student ID _____

Faculty Connection _____ Date Needed _____

E-mail: _____ Phone #: _____

Amount requested: _____

Explanation of why you need funding/what your project is:
(use back of page if more space is needed)

How does this project meet the objectives of the Global Learning Committee:

Signature: _____ Date: _____

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| <p><i>TO BE COMPLETED BY Global Learning Committee</i></p> <p>Date Received : _____</p> <p>Date Reviewed: _____</p> <p>Awarded: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Amount Awarded _____ DATE _____</p> |
|--|