

Updated 2018

# Organization of Psychology Students Research Reimbursement Request Form

You may be reimbursed up to **\$300** for items that are research related, including for your Research Project I, Research Project II, pre-doctoral dissertation, or dissertation project. Each doctoral student can be reimbursed up to five times during their graduate career and each masters level student can be reimbursed up to two times during their graduate career (reflecting one possible reimbursement per year). These can be accumulated over time (i.e. if you do not use a reimbursement in your first year, you still have five left).

## **Reimbursement Request Deadlines:**

**Fall Semester – December 22<sup>nd</sup>**

**Spring Semester – May 15<sup>th</sup>**

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*Please type or print neatly - illegible applications will not be considered*

Date Received: _____ OPS Representative: _____
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## Information Form

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program: \_\_\_\_\_

Class of: 20 \_\_\_\_\_

Professor: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Please include the following:

- 1) Completed and signed Information Form
- 2) A one-page description of the project
- 3) Proof of IRB approval or equivalent
- 4) Completed Expense Form signed and dated by student applicant and professor together with copies (do not include originals) of the receipts for the items listed in the form.

I agree to provide OPS with a copy of all completed portions of my research project I, research project II, or dissertation. OPS has the right to reproduce my work on its website or other medium for inclusion in its "Sponsored Projects" section or for archival and promotional purposes so long as same are not for any commercial gain.

I have read the foregoing application and attachments and affirm that all statements are true.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professor Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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## Expense Form

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Item	Purpose for Expense	Cost	For Official <i>Approved</i>	Use Only <i>Not Approved</i>
1.				
2.				
3.				
4.				
5.				
6.				

