**Institute for Society, Culture and Environment (ISCE): Scholars Program**

**Project Title:** Click here to enter text.

**Total Budget Request:** Click here to enter text.

**PI and Team Members [Please Print/Type]:** I agree to the conditions of participation in the Scholars Program and understand that unallocated funds will be returned to ISCE by June 1, 2019. Add additional signature page if needed.

Click here to enter text.

Name (PI) Department email

Click here to enter text.

Name Department email

Click here to enter text.

Name Department email

Click here to enter text.

Name Department email

Click here to enter text.

Name Department email

**Signatures of Department Head/Chair/Center Director**: I support the faculty member’s participation in the ISCE Scholars Program and understand that ISCE will transfer funds to the identified department/center to be used for designated expenses in accordance with University policies. Unused funds will be returned to ISCE.

Click here to enter text.

Head/Chair Name [print/type] Department email

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Signature Date

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Head/Chair Name [print/type] Department email

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Signature Date

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Head/Chair Name [print/type] Department email

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Signature Date

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Dean [print/type] College

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Signature Date