Shapiro Policy Research Scholar Application Cover Page

Name:	
Title of Proposal:	
Number of Course reductions requested (maximum of one over one year per Which semester:	iod):
Summer stipend requested (see instructions): Which summer	
School:	
Department:	
Office Address:	
E-mail address:	
Office Phone:	
Office Fax:	
<u>Approvals</u>	
Signature of Department Chair Date	
Signature of Dean Date	