

**Memorial University of Newfoundland
Faculty of Engineering and Applied Science
REQUEST TO ESTABLISH RESEARCH ACCOUNT**

Name: _____

Telephone: _____ **Email:** _____

Project Title: _____

Brief description of your research:

Budget & Summary of Expenses:

Travel (including accommodations & per diems)	\$ _____
Research Assistance	\$ _____
Materials & Supplies	\$ _____
Equipment	\$ _____
Other	\$ _____

Researcher's Signature

Dean's Signature (or delegate)

Date

Date