



American College of Dubai

APPLICATION FOR RESEARCH FUNDING

This form may be used for research funding, to attend a conference or for time release to reduce course load

NOTE: This application should be submitted to the Academic Research Committee ONE MONTH PRIOR to the Academic Research Committee meeting in October.

NAME:

DEPARTMENT/FACULTY:

(Dates must be within one calendar year)

RESEARCH GRANT START DATE:

RESEARCH GRANT END DATE:

SHORT TITLE OF PROPOSED RESEARCH:

ABSTRACT OF PROPOSED RESEARCH:

LOCATION(S) OF PROPOSED RESEARCH: (be specific as to institution or other research site)

BUDGET (please list items and costs within each section below):

1. Travel by Researcher, including travel to attend a conference (include specific information concerning places to be visited, mode of travel, fares, subsistence costs at approved rates etc.)

Total (0) AED



2. Materials and Supplies (itemize) (e.g., Software)
Total (0) AED
3. Other Costs (specify) (e.g., buying books)
Total (0) AED
GRAND TOTAL AED

I understand that the administration of any grant received and the justification of any expenditure is my sole responsibility.

I understand that should this application be accepted arrangements **MUST** be made with Business Office regarding payment of the grant.

I also understand than all the material and people who are being used and are participating in this research and any activities which helps me in finalizing this paper are meeting ethical standards and will produce good consequences, complying with recognized norms and behaves responsible and honest towards colleagues and the public.

NOTE: *Please note that this application must be supported by the following documents*

Original receipts of fee payments (Registration and/or participation)

Sample of research questionnaire with respondents' consent form (Quantitative Research)

SIGNATURE OF APPLICANT: _____ **DATE:** _____
(Original signature required)



CERTIFICATION OF SUPPORT

NAME OF APPLICANT:

The Academic Research Committee has reviewed this proposal and is satisfied that:

- * **ACD will benefit from this research activity.**
- * **The activity is timely and appropriate for the field of interest of the researcher.**
- * **The amounts requested in the budget appear reasonable and justifiable.**

This proposal has my support and approval.

Date **Department** **Signature of Dean-Business/General Education**

Date **Department** **Signature of Chair, Academic Research
Committee**

Date **Department** **Signature of Vice President Academic Affairs
(VPAA)**

Date **Department** **Signature of President**

Amount Approved _____

AED _____ **Date:** _____