**Departmental Commitment to administer**

**COAST Graduate Student Research Award funds on behalf of Student Awardee**

**If you are requesting that all or a portion of your $3,000 award will be paid to your Department for you to use for services and supplies, you must complete this form and obtain all necessary signatures. If you are requesting that the entire award be paid directly to you via financial aid, you do NOT need to complete this form. All information except signature MUST BE TYPED.**

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| **Applicant Information** | | | | |
| Student Name: |  | Campus: |  |
| Department: |  | Email: |  |
| Thesis Advisor: |  | Amount of award to be administered by Dept: |  |
| Research Project Title: |  | | |

The student above is applying for a COAST Graduate Student Research Award (<http://calstate.edu/coast/funding/student_funding.shtml#studentAward>). If the student is selected to receive an award, funds will be transferred in January 2017.

By signing this document, the Department Chair commits to the following in the event that an award is made to the above named student:

* The amount of funds specified above will be received by the campus from COAST via Cash Posting Order (CPO).
  + Funding provided originates from the State General Fund (CSU Fund 485).
  + Awards cannot be transferred to campus research foundations, auxiliaries, corporations, etc.
  + Awards are not subject to campus indirect costs (facilities and administrative fees) or any other type of fee from any source.
* The funds will be placed into an account that the student or student’s advisor can access for the purposes specified in the student’s Budget that is part of the application to COAST.
  + All funds awarded must be used for the specific purposes requested and approved and may not be converted to other uses without prior authorization from COAST.

**Department Chair**

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Name (Printed) Email

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Signature Date

**Department fiscal contact/budget analyst for chartfield information and CPO notification**

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| Name: | Phone and email: |