

**Independent Research Grants
Office of Undergraduate Research and Creative Activity
Christopher Newport University**

Approval of Faculty Mentor

All applicants must fill out this form, get original signatures, and upload the form as a pdf with the other application components.

Signature of Faculty Research Advisor

“I have reviewed this proposal and judge the request to be reasonable. The applicant is qualified to conduct this research or creative project. I agree to act as the faculty mentor for this project, which includes general oversight and guidance.”

NAME (please print) _____ EMAIL _____

SIGNED _____ DATE _____

“This proposal is written in accordance with the CNU guidelines and the policy stated above.”

Signature of Applicant

NAME (please print) _____ EMAIL _____

SIGNED _____ DATE: _____