DISPUTE RESOLUTION RESEARCH CENTER GRANT PROGRAM APPLICATION

Select program:	Select date submitted for review:
☐ Faculty Grants	October 2018
Graduate Student (Grants April 2019
Post Doctoral Fello	
	Has this grant previously been awarded funds?
	☐ Yes ☐ No
	If yes, which cycle (mm/yyyy):
	Amount awarded:
Name:	
Email:	
Project Title:	
Department:	
Phone:	
Amount Requested:	
ABSTRACT (200 word	statement of proposed research)