



Center for Middle Eastern Studies

CMES Faculty Research Grant Application

Name

UA Campus P.O. Box Address

Cell Phone

Campus Office Phone

Primary e-mail

Secondary e-mail

Are you a current University of Arizona faculty member (includes NTT faculty and adjunct faculty; does not include professors emeritae or visiting faculty)?

Yes No

Rank/Title

College(s) (full name)

Dean(s) (full name)

Department(s) (full name)

Department Head(s) (full name)

Department Head's Campus P.O. Box Address

Location(s) of planned research activity (city and institution)

Country(ies) of planned research activity

Dates of research activity

Start date (mm/dd/yyyy)

End date (mm/dd/yyyy)

Certification

I hereby certify that all information I have provided in this application is true and accurate.

Applicant Name (typed or printed)

Applicant Signature (sign in pen)

Date

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