

UIUC Campus Research Board Research Scholars' Program

404 Swanlund Administration Building
601 East John Street, Champaign, IL 61820
(217) 333-0030

Applicant Information Form

Applicant's Name: _____

Home Address: _____

Telephone Number: _____

Member of applicant's household who holds or has been offered an appointment as a faculty member or professional staff at the University of Illinois at Urbana-Champaign:

Name: _____

Relationship: _____

University Title: _____

Department/Unit: _____

Department/Unit from which endorsement is being requested:

Unit Head: _____

Letters of recommendation have been requested from:

Name:

Address/Phone No.:
