Organization of Psychology Students
Research Reimbursement Request Form

You may be reimbursed up to **$300** for items that are research related, including for your Research Project I, Research Project II, pre-doctoral dissertation, or dissertation project. Each doctoral student can be reimbursed up to five times during their graduate career and each masters level student can be reimbursed up to two times during their graduate career (reflecting one possible reimbursement per year). These can be accumulated over time (i.e. if you do not use a reimbursement in your first year, you still have five left).

Reimbursement Request Deadlines:
Fall Semester – December 22nd
Spring Semester – May 15th

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Please type or print neatly - illegible applications will not be considered

Date Received: _____

OPS Representative: _____

Information Form

Name: _____

Local Address: _____

Permanent Address: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Program: _____

Class of: 20 _____

Professor: _____

Title of Project: _____

Please include the following:

1)   Completed and signed Information Form
2)   A one-page description of the project
3)   Proof of IRB approval or equivalent
4)   Completed Expense Form signed and dated by student applicant and professor together with copies (do not include originals) of the receipts for the items listed in the form.

I agree to provide OPS with a copy of all completed portions of my research project I, research project II, or dissertation. OPS has the right to reproduce my work on its website or other medium for inclusion in its "Sponsored Projects" section or for archival and promotional purposes so long as same are not for any commercial gain.

I have read the foregoing application and attachments and affirm that all statements are true.

_____ _____   _____ _____
Student Signature   Date   Professor Signature   Date

Print Name: _____   Print Name: _____

Updated 2018

Expense Form

Name: _____

Local Address: _____

Telephone: _____ Cell Phone: _____

Title of Project: _____

Item	Purpose for Expense	Cost	For Official	Use Only
			Approved	*Not Approved*
1.				
2.				
3.				
4.				
5.				
6.				

Updated 2018

_____ _____   _____ _____
Student Signature   Date   Professor Signature   Date

Print Name: _____   Print Name:_____