



VILLANOVA UNIVERSITY UNITAS Faculty Research Program Cover and Routing Sheet

Applicant Information

Name of Proposer(s): _____

Rank: _____

Department: _____

Title of Proposal: _____

Have you previously received a UNITAS grant? Yes _____ No _____

If yes, what was year of last award? _____

Principal Investigator Signature: _____

Principal Investigator Signature: _____

Department Chair Signature: _____

Department Chair Signature: _____

Applications are due by 5:00 PM on the first Friday in March.

Please submit application as a single pdf file via email to avpr@villanova.edu