

Project Information

Proposal title	
Amount requested	
Start date	
End date	
City	
Country	
Name of partnering university/organization	
Name on contact person at partnering institution	
Email of contact person	
Phone of contact person	
Human subject research	<input type="checkbox"/> Yes <input type="checkbox"/> No

Global Travel Applicant

Name	
Email address	
MUSC college/entity	
Designation	<input type="checkbox"/> Student <input type="checkbox"/> Trainee
Expected graduation year	
Degree program	
College	
GPA overall	
Country of citizenship	

Faculty Advisor

Name	
College	
Department	
Phone number	
Email address	
Department business manager name	
Department business manager phone number	