

**BOSTON COLLEGE**

**Research Expense Grant  
Recommendation Form**

**To Be Completed By The Applicant:**

Check Period for Which Application is made: \_\_\_\_\_ Summer/Fall  
\_\_\_\_\_ Winter/Spring

Name of Applicant: \_\_\_\_\_

School/Department: \_\_\_\_\_

Building and Room: \_\_\_\_\_

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**To Be Completed By Applicant's Dean/Department Chair:** (please refer to section on Guidelines for Department Chairpersons and Deans)

Dean or Department Chair's Recommendation:

Applicant's Ranking: Number \_\_\_\_\_ of a total of \_\_\_\_\_ applications from this School/Department

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_