



## Graduate Student Emergency Funding Request

Name \_\_\_\_\_ APID \_\_\_\_\_

MSU Email \_\_\_\_\_ Student Type      PhD      Graduate Certificate

Dual Major    Yes    No    If yes, primary department \_\_\_\_\_

### ***Type of Funding Request (Check One)***

Emergency      Tuition      Research      Conference      Other

***Amount Requested*** \_\_\_\_\_

### ***Rationale***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For CLS Office Use Only

Amount Awarded \_\_\_\_\_

\_\_\_\_\_  
Signature, Director of Chicano/Latino Studies

\_\_\_\_\_  
Date