

## GRADUATE STUDENT RESEARCH PROGRAM

**Project Title:** Research at Brookhaven National Laboratory for  
Students Name:  
Title of Project.

**Student Working on Thesis & Title** Y\_\_\_ N\_\_\_ Thesis Title\_\_\_\_\_

**Is the student a Foreign National** Y\_\_\_ N\_\_\_ If yes Country of Origin\_\_\_\_\_

**Location of work:** \_\_\_\_\_%BNL\_\_\_\_\_%SBU, If SBU provide justification

**Estimated Graduation Date:** xxxxxxxx

**Account Number:** Award-Task-Project (if applicable) **Sponsor:** BNL

**Submitted to:** Dr.  
Brookhaven National Laboratory  
Upton, New York 11973-5000  
Phone: (631) xxx-xxxx  
Email:

**with copy to:** **(Name)**  
Office Administrator at BNL  
Brookhaven National Laboratory  
Upton, New York 11973  
Phone: (631) xxx-xxxx  
Email:

**Submitted by:** Office of Sponsored Programs  
State University of New York Office  
Stony Brook, New York 11794-3362

**Project Director:** xxxxxxxxxxx, Department of xxxxxxxx  
Phone:  
Email:

**Administrative contact:** Kathryn Belmonte  
Administrator  
[Kathryn.belmonte@stonybrook.edu](mailto:Kathryn.belmonte@stonybrook.edu),  
631-632-4402

**Project Period:**

**Support Requested:** \$ xxxx

This proposal will be conducted by Stony Brook University. The administering agency will be the The Research Foundation for The State University of New York. Award notices and contracts should be addressed to my attention at the Office of Sponsored Programs, Stony Brook University, Stony Brook, New York 11794-3362. Award payments should be sent to The Research Foundation for The State University of New York. Attention: Cash Receipt Department, P.O. Box 9, Albany, New York 12201-0009.

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Kathryn Belmonte

Date