

Engineering Student Design Teams Request for Funding

(Completed requests should be submitted to Courtney Blaylock blaylock@bagley.msstate.edu and Brenda Grebner bgrebner@bagley.msstate.edu)

Name of Student Design Team: _____

Design Team Contact Person: _____ Email Address: _____@msstate.edu

Faculty Advisor: _____ Advisor Email Address: _____@msstate.edu

Advisor's Department: _____

Student Officers for Current Academic Year:

Officer Name	MSU 9-digit ID	Net ID	Major	Class (Freshman, Sophomore, Junior, Senior or Graduate)

Funding Period: (check all that apply)

_____ Fall 2025
_____ Spring 2026
_____ Summer 2026

Budget: (include dollar amounts for each item/activity that you are requesting support for)

Student Travel:	\$ _____
Events:	\$ _____
Leadership Development:	\$ _____
Other:	\$ _____ \$ _____ \$ _____

Total Amount Requested: \$ _____

If you are requesting funding for student travel, please complete the following section.

Name of Design Competition or Conference: _____

Location: (City, State) _____

Travel Dates: _____ to _____ Dates of Competition/Conference: _____ to _____

Have you attended this event before? _____ Yes _____ No

Estimated Cost Per Student:

Registration:	\$ _____
Air Fare:	\$ _____
Meals:	\$ _____
Lodging:	\$ _____
Other:	\$ _____ \$ _____ \$ _____

Number of Students Attending: _____

Total Amount Requested for Travel: \$ _____

Budget Justification: (Required)

Please provide a justification for attending the competition/conference and a brief description of activities.

Please Provide Justification for Other Expenses:

Events:

Leadership Development:

Other:

Additional Required Information:

(To Be Completed by Departmental Business Manager and Faculty Advisor):

Name of Departmental Business Manager: _____

Signature of Departmental Business Manager: _____
Signature Date

Fund # for Transfer of Funds: _____
(BCOE cannot transfer funds without a departmental fund number.)

Does the student organization have additional support? No ___ Yes ___ Amount: \$ _____

Name of Faculty Advisor: _____

Signature of Faculty Advisor: _____
Signature Date

Reviews and Approvals

For Engineering Dean's Office Use Only

Total Amount Approved: \$ _____

Dean/Associate Dean

Signature

Date



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