



**To:** The Jess and Mildred Fisher College of Science and Mathematics Undergraduate Research Committee  
**Subject:** Acceptance of Undergraduate Research Funds

This is to acknowledge that I accept the Student Grant award in the amount of \$ **400.00** to support my project "A Novel Approach to Generating Mersenne Prime Numbers Without Using the Lucas-Lehmer Test."

CONDITIONS AND RESPONSIBILITIES OF GRANT ACCEPTANCE

1. **A final written report describing the project is to be submitted to Howard Kaplon, Acting Associate Dean of the Jess and Mildred Fisher College of Science and Mathematics on or before May 10, 2009.** The final report on this project must be submitted before additional grant funds can be sought.
2. The final written report is to be reviewed and signed by my faculty research mentor prior to its submission to Howard Kaplon. This final report is to be written in a manner acceptable within the norms of scholarship in my discipline.
3. I must be enrolled as a Degree Candidate student at Towson University during the time of this grant award. If the research is being carried out in the summer, I must be registered for courses in the Fall term.
4. I will submit expense requests only for items indicated in the approved grant proposal, and will adhere to the financial procedures as described to me by the Associate Dean of the Jess and Mildred Fisher College of Science and Mathematics. I understand that no funds may be used for stipends or reimbursement for services. I will purchase supplies and equipment through my faculty mentor, who will place the orders through his/her respective department. All approved expenditures are to be supported by receipts. If travel reimbursement has been approved, I will maintain a mileage log and receipts for tolls to verify expenditures.
5. If I am unable to submit a final written report that is acceptable to the FCSM Undergraduate Research Committee, I am obligated to return to the University all monies received from this grant. If I do not return the monies, the Undergraduate Research Committee will freeze my University records.
6. It is my responsibility to contact the Associate Dean of the Jess and Mildred Fisher College of Science and Mathematics to obtain directions and necessary forms for obtaining grant funds.

I understand and accept the above conditions and responsibilities for receipt of CSM Student Grant funds.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Copy to: Student  
Faculty Mentor(s)  
Department Chairperson  
FCSM Undergraduate Research Committee