



Applicant Name _____ Email _____
Department/Unit _____
Project Title _____
Total Cost _____

Check this box to indicate that you have sought funding through your unit. ☐

Indicate amount received from your department/school (if applicable) _____

This proposal requires (check if applicable):

- ☐ Equipment, facilities, human resources, or services not currently available or budgeted herein
- ☐ Use of human participants, approved by Institutional Review Board (IRB)
- ☐ Use of lab animals, approved by Institutional Animal Care & Use Committee (IACUC)

Please provide a brief project summary (250 max.)

Applicant Signature _____ Date _____
Chair/Director Signature _____ Date _____
Adviser/Faculty Signature _____ Date _____

*The Chair/Director signature denotes that the student has sought funding through the department/unit.

*The Adviser/Faculty denotes approval of the student's project and willingness to support the student as they complete it.