



Faculty Information

Name: _____ Email: _____

Department: _____ Office phone: _____

List additional faculty involved in the project: _____

Student Information

Name: _____ Email: _____ Major: _____

Name: _____ Email: _____ Major: _____

Name: _____ Email: _____ Major: _____

Project Information

Project Title _____

Total Budget Requested: \$ _____

Is IACUC (Animal use) Clearance Required? Yes No (if yes, date you plan to submit: _____)

Is IRB (Human Subjects) Clearance Required? Yes No (if yes, date you plan to submit: _____)

Abstract (100 word limit)

Department Chairperson Approval

Signature of Department Chairperson

Date