

STUDENT ENHANCEMENT AWARD PROPOSAL COVER PAGE

Applicant(s): _____

Status: Undergraduate Graduate Medical

Expected Graduation Date: _____ SEA Resubmission? (Y/N): _____

Category for proposal (*circle one*): Life/Biomedical; Social/Behavioral; Arts/Humanities; Physical Sciences/Engineering

Title of Project: _____

Department: _____

Campus/Local Address: (To mail notification of award status):

E-mail Address: _____

Faculty Mentor(s): _____

Department: _____

Campus Address: _____

E-mail Address: _____

Total Request: (Not to Exceed \$6,000) _____

Yes	No	Office of Research Compliance	Policy #
		Human Subjects in Research (including surveys, interviews, educational interventions): Institutional Review Board (IRB) Approval #: Expiration Date:	19.052
		Animal Species: Institutional Animal Care & Use Committee (IACUC) Approval #: Expiration Date:	19.049

*Approvals **must** be obtained prior to award disbursement.

Applicant's Signature		Faculty Mentor's Signature	
Signature		Signature	
Name		Name	
Dept/School		Unit	
Date		Date	

If selected for funding, I give permission to the Office of the Vice President for Research to use my proposal as an example during training and workshop exercises.

Signature: _____ Date: _____

Vice President for Research/Graduate College
Revision date: February 6, 2012