

A PROPOSAL TO STUDENT ENHANCEMENT AWARD REVIEW COMMITTEE

TITLE OF PROJECT: _____

NAME OF APPLICANT: _____

STATUS: Undergraduate Graduate Medical

CAMPUS/LOCAL ADDRESS: _____

E-MAIL ADDRESS: _____

DEPARTMENT: _____

EXPECTED GRADUATION DATE (Month and Year): _____

RE-SUBMISSION: YES (Original Submission Date _____) NO

PROPOSAL CATEGORY (select one):

Life/Biomedical Social/Behavioral
 Arts/Humanities Physical Sciences/Engineering

BUDGET: Total Request _____
(May not exceed \$6,000)

FACULTY MENTOR INFORMATION:

NAME: _____
E-MAIL ADDRESS: _____
DEPARTMENT: _____
DEPARTMENT ADMIN./E-MAIL: _____

IRB AND IACUC APPROVAL:

To ensure that the University is in compliance with all federal regulations, complete the checklist below. *Note: your proposal can be approved prior to IRB or IACUC approval (put "pending" or "to be submitted" instead of approval number), but funding will be withheld until notification of approval or exemption.*

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

SIGNATURES

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

Director Name	
Dept/School	
Dept/School Sign.	

Optional:

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

Signature: _____ Date: _____