

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: _____

DEPT/COLLEGE ADMIN. NAME & E-MAIL: _____

IRB AND IACUC APPROVAL:

To ensure the University's compliance with all federal regulations, complete the checklist below. *Note: if your IRB/IACUC is not approved prior to submission, put "pending" or "to be submitted" instead of approval number. Note: funding will be withheld until IRB/IACUC 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		Dept/School	
Date		Date	

School or Dept Chair's/Director's Signature

Signature	
Name	
Dept/School & Date.	

Optional:

If selected for funding, I give permission to the Research Division to use my proposal as an example during training and workshop exercises. (Sign below)

Signature: _____ Date: _____