

PURF COVER PAGE

TITLE OF PROJECT: _____

NAME OF APPLICANT: _____

E-MAIL ADDRESS: _____

DEPARTMENT & COLLEGE: _____

BUDGET: Total Request _____

(May not exceed \$1,500)

CLASS RANK: Freshman Sophomore Junior Senior

GPA: _____

EXPECTED DATE OF GRADUATION: _____ *

* Note: Students must be enrolled and maintain undergraduate student status during the proposed project period.

FACULTY MENTOR INFORMATION:

NAME: _____

E-MAIL ADDRESS: _____

DEPARTMENT: _____

DEPARTMENT ADMIN: NAME & EMAIL _____

We the undersigned have read the PURF Guidelines and understand the responsibilities we undertake should funding be granted.

We certify that the application has been conceived, written and completed by the student.

Student signature: _____ Date: _____

Faculty signature: _____ Date: _____

Faculty Advisor's Dept. Chair signature: _____ Date: _____

IRB AND IACUC APPROVAL:

To ensure that 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: but funding will be withheld until notification of approval or exemption.

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

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: _____