

## 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: 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: \_\_\_\_\_