

**Faculty Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Office phone: \_\_\_\_\_

List additional faculty involved in the project: \_\_\_\_\_

\_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Major: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Major: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Major: \_\_\_\_\_

**Project Information**

Project Title \_\_\_\_\_

\_\_\_\_\_

Total Budget Requested: \$ \_\_\_\_\_

Is IACUC (Animal use) Clearance Required?  Yes  No (if yes, date you plan to submit: \_\_\_\_\_)

Is IRB (Human Subjects) Clearance Required?  Yes  No (if yes, date you plan to submit: \_\_\_\_\_)

**Abstract (100 word limit)**

**Department Chairperson Approval**

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date