



Student Information

Name: _____ NKU E-mail: _____

Local Address: _____

City: _____ ST: _____ Zip: _____ Local Telephone: _____

Major: _____ Degree: _____

Minor: _____

Faculty Sponsor/ Faculty Mentor

Name: _____ NKU Email: _____

Department: _____ Campus Phone: _____ Campus Address: _____

Project Information

Project Title (80 character limit) _____

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: _____)

Students should submit the proposal materials into the portal by 4 pm on the deadline date.

COMMITTEE WILL NOT ACCEPT AND REVIEW IF SIGNATURES ARE ABSENT FROM COVER PAGE.

Signature of Applicant Date

Signature of Faculty Mentor or Sponsor* Date

Signature of Department Chairperson# Date

**By signing this proposal, the faculty mentor agrees to supervise the student through completion of the project.*

By signing, the department chair agrees to support this project in any manner and agrees to provide the facilities and equipment listed in the application.